



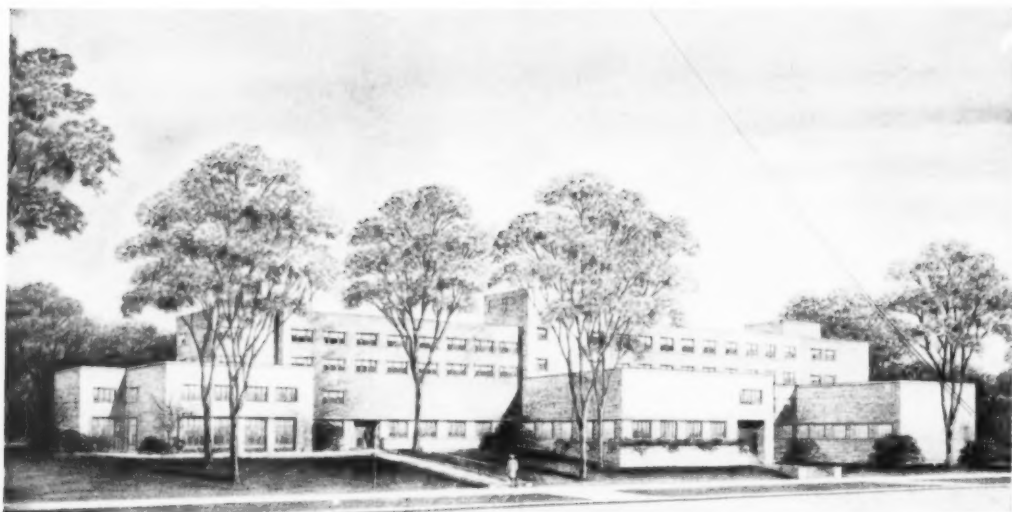
# *The Modern Hospital*

**OCTOBER 1949**

*Hospital convention report • Where the voluntary health plans stand today • How to cut construction costs*

*• Courtesy is our obligation • A plan for better doctor-hospital relations • Purchasing technics for the small hospital*

ANOTHER BUILDING OF PROMINENCE SLOAN EQUIPPED



now a dream comes true . . .

## ***a hotel goes to college!***

STATLER HALL, a dream of years and now nearing completion on the campus of Cornell University, will be the nation's first building combining classrooms and laboratories for scientific training in hotel management. The building will also include kitchens, dining rooms and sleeping rooms for the practice of hotel operation.

Because of its purpose such a building must, of necessity, be representative of the most modern facilities and functions.

In all details it must demonstrate the best thinking of specialists in construction, equipment and maintenance. Little wonder, then, that all Flush Valves specified for this building bear the name SLOAN.

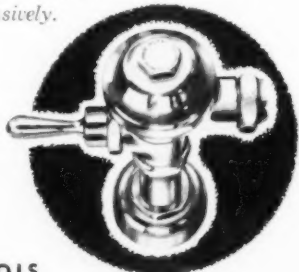
HOLABIRD & ROOT & BURGEE, Chicago  
*Architects & Engineers*

JOHN W. COWPER CO., INC., Buffalo  
*General Contractors*

CHIPPEWA CONTRACTORS, Buffalo  
*Plumbing Contractors*

Thus the installation of Sloan Valves in STATLER HALL further supports a nation-wide survey which showed that 63% of all hotels having 50 or more rooms prefer SLOAN and that 92.7% of these prefer SLOAN exclusively.

more **SLOAN** *Flush* **VALVES**  
*are sold than all other makes combined*



SLOAN VALVE COMPANY • CHICAGO • ILLINOIS





## Strong, safe and comfortable

**T**his is the protection you want in surgeons' gloves: high tensile strength in a single, uniform layer of tissue-thin latex. There are no weak spots, even between fingers—no abrasive foreign particles imbedded in the rubber, no bare spots or blotches where service failure might begin. This is strength that has given surgeons confidence in the protection they get from B. F. Goodrich "Miller" brand gloves.

### *New Special Purpose Gloves*

Now B. F. Goodrich is making a new special glove available; a development made especially for surgeons who have an allergy to regular types of rubber gloves. These are known as Special Purpose gloves and are identified by the green wrist roll and green branding. Of course, it is impossible to guarantee immunity from dermatitis in every case, but these gloves have an impressive record of success

in both service and laboratory tests. These Special Purpose gloves are available in half sizes, 7 through 9.

Order B. F. Goodrich regular "Miller" brand or Special Purpose gloves from your hospital or surgical supply dealer. *The B. F. Goodrich Company, Sundries Division, Akron, Ohio.*

**B.F. Goodrich**  
*Surgeons' Gloves*



# The Modern Hospital

OCTOBER 1949

PRESIDENT: OTHO F. BALL, M.D.

EDITOR: RAYMOND P. SLOAN

MANAGING EDITOR: ROBERT M. CUNNINGHAM JR.

TECHNICAL ADVISER: EVERETT W. JONES

ASSOCIATE EDITORS: MILDRED WHITCOMB, JANE BARTON

WESTERN EDITOR: ALDEN B. MILLS

DIRECTOR MARKET RESEARCH: RUSSELL T. SANFORD

PRODUCTION MANAGER: LEO KEDROK

## ADMINISTRATION

Stronger Voluntary Plans—or Else	LAWRENCE DRAKE	51
Building Within the Budget	MORRIS C. HERTEL	56
"Sorry, Wrong Patient!"	JOHN R. SMILEY	59
In Our Work There Is Special Need for Courtesy	JAMES V. LAPPIN	60
Janet Geister Wins Gold Medal Award		61
The Specialty Problem Must Be Solved	LELAND S. MCKITTRICK, M.D.	62
American Hospital Association Convention Report		65
Introducing Mount Sinai of Minneapolis	WILL O'NEIL	77
A Set of Policies for Purchasing	EVA H. ERICKSON	81
Open Letter to Jane Doe, R.N.	HAROLD A. ZEALY	83
Administrative Capsules		84
Personnel Training	CARL C. LAMLEY	85
Mr. President, not Mr. Superintendent		87
It Still Pays to Be a Man	SMALL HOSPITAL FORUM	88
The Future of Orthopedic Surgery as a Specialty		89
<b>VOLUNTEER FORUM</b>		
The Sunroom Shines Bright	ELIZABETH V. HAYES	92

## MEDICINE AND PHARMACY

Don't Rob the Outpatients	M. HINENBURG, M.D.	96
Newer Treatment of the Chronic Alcoholic	NOTES AND ABSTRACTS	102

## FOOD AND FOOD SERVICE

The Part Played by the Dietitian	GRAHAM F. STEPHENS	108
Major Points of Kitchen Sanitation	GEORGE K. HENDRIX	110
Menus for November 1949	FRANCES LAWLER	114

## MAINTENANCE AND OPERATION

Getting Rid of Refuse	O. E. OLSON	116
-----------------------	-------------	-----

## HOUSEKEEPING

A Budget Means Intelligent Planning—II	CHARLES E. BERRY	118
--	------------------	-----

## REGULAR FEATURES

We Introduce	4
Roving Reporter	6
Reader Opinion	8
Index of Advertisers	Following Page 16
Small Hospital Questions	47
Looking Forward	49
About People	90
News Digest	122
Coming Meetings	150
Book Reviews	172
Occupancy Chart	176
Want Advertisements	219
What's New for Hospitals	245

THE ORIGINAL PRODUCT

# Duracillin

(Crystalline Procaine Penicillin—G, Lilly)

introduced procaine penicillin to medicine. This and all subsequent Lilly modifications of penicillin are made to fulfill the first requirement of a useful drug—recovery for the patient. Prompt, ample, and sustained penicillin effect in body tissues is assured by careful regulation of crystal size and vehicle. There is an effective form of 'Duracillin' to meet every physician's preference.

*Lilly* Eli Lilly and Company • Indianapolis 6, Indiana, U.S.A.

Detailed information and literature on 'Duracillin' are available from your Lilly medical service representative or will be forwarded upon request.

## AMONG THE AUTHORS

Dr. Morris Hinenburg is director of Jewish Hospital of Brooklyn. A graduate of Yale University's school of medicine, Dr. Hinenburg entered the administrative field immediately on completion of a residency at New York's Montefiore Hospital by remaining there as assistant to Dr. E. M. Bluestone, the director. Dr. Hinenburg was assistant director at Montefiore for eight years before he moved to his present position in 1936. He served for a time in 1937 as medical director and superintendent of the Colorado Sanatorium of the Jewish Consumptive Relief Society, returning the same year to his job in Brooklyn. His article on page 96 deals with the organization of hospital outpatient services.



Harold A. Zeally, who wrote the challenging "Letter to Jane Doe, R.N.," that appears on page 83 of this magazine is administrator of the City Hospital at Salem, Ohio, a position he has held for the last year. Mr. Zeally was born and educated in England and started his business career there in banking and insurance. He came to the United States in 1935 and for a number of years was engaged in religious and welfare work as executive director of children's camps and clubs. Through church and welfare connections he became a trustee of two different hospitals—an activity which led eventually to an interest in hospital administration and to his appointment at Salem.



Dr. Leland S. McKittrick is a distinguished Boston surgeon who is clinical professor of surgery at Harvard Medical School, surgeon-in-chief at Palmer Memorial Hospital, and visiting surgeon at Massachusetts General Hospital. He is also president-elect of Massachusetts State Medical Society and represented the society in the studies of medical hospital relationships that were undertaken jointly two years ago by the interested medical, hospital, prepayment and specialty groups in the Boston area. Dr. McKittrick's paper on page 62 reviews and discusses the recommendations made by this joint committee.



Morris C. Hertel is a member of Pace Associates, a Chicago firm of planners, architects and consulting engineers. A graduate of the architectural school at Notre Dame University, Mr. Hertel did graduate work at Illinois Institute of Technology; he is a member of the American Institute of Architects. Describing the work of the Pace organization, Mr. Hertel says, "Our main objective has been the development of new forms of structure to reduce costs to a level where it is possible to build modern buildings during these times of high construction costs." Some of the techniques through which this objective has been sought are outlined on page 56.



## EDITORIAL BOARD

### Chairman

A. C. BACHMEYER, M.D. .... Chicago

### Administration

R. C. BUERKI, M.D. .... Philadelphia  
MALCOLM T. MACEACHERN, M.D. .... Chicago

### Finance and Accounting

DONALD C. SMELZER, M.D. .... Philadelphia  
C. RUFUS ROEM ..... Philadelphia

### Governmental Hospitals

LUCIUS W. JOHNSON, M.D. .... San Diego, Cal.  
G. OTIS WHITECOTTON, M.D. .... Oakland, Cal.

### Hospital Service Plans

E. A. VAN STEENWYK ..... Philadelphia

### Mental Hospitals

ROBERT H. FELIX, M.D. .... Washington, D.C.

### Nursing

GERTRUDE R. FOLENDORF, R.N. .... San Francisco  
SR. LORETTA BERNARD ..... New York City

### Outpatient Service

E. M. BLUESTONE, M.D. .... New York City  
OLIVER G. PRATT ..... Providence, R.I.

### Personnel Management

HAROLD C. LUETH, M.D. .... Omaha, Neb.

### Planning and Construction

FRED G. CARTER, M.D. .... Cleveland  
CLAUDE W. MUNGER, M.D. .... New York City

### Professional Relations

G. HARVEY AGNEW, M.D. .... Toronto  
JOSEPH C. DOANE, M.D. .... Philadelphia

### Public Relations

FLORENCE E. KING ..... St. Louis  
JOSEPH G. NORBY ..... Milwaukee

### University Hospitals

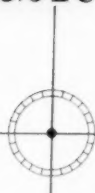
R. H. BISHOP JR., M.D. .... Cleveland  
BASIL C. MACLEAN, M.D. .... Rochester, N.Y.

### Consultants

SISTER M. ADELE ..... Pittsburgh  
EDWIN L. CROSBY, M.D. .... Baltimore  
GRAHAM L. DAVIS ..... Battle Creek, Mich.  
ROGER W. DEBUSK, M.D. .... Lancaster, Pa.  
W. J. DONNELLY ..... Greenwich, Conn.  
CARL I. PLATH ..... Honolulu, T.H.  
MSGR. M. F. GRIFFIN ..... Cleveland  
MORRIS HINENBURG, M.D. .... New York  
VANE M. HOGE, M.D. .... Washington, D.C.  
P. STANLEY HOWE ..... Orange, N.J.  
ROBERT E. NEFF ..... Indianapolis  
JACQUE B. NORMAN ..... Greenville, S.C.  
MAXIM POLLAK, M.D. .... Peoria, Ill.  
JOSIE M. ROBERTS ..... Houston, Tex.  
A. J. J. ROURKE, M.D. .... San Francisco  
ALBERT W. SNOKE, M.D. .... New Haven, Conn.  
FRANK J. WALTER ..... Portland, Ore.  
PETER WARD, M.D. .... St. Paul  
L. R. WILSON, M.D. .... Philadelphia  
GEORGE U. WOOD ..... Oakland



# a valuable aid



## in postsurgical recovery

### *bibliography*

1. WHITE, C. S.: "Intravenous Fluids with Particular Reference to Amino Acids," *M. Ann. District of Columbia*, 15:251 (June) 1946
2. MEYER, J. A., KOZOL, D. D.: "Protein Deficiency in Surgical Patients," *Surg., Gyn. & Obst.*, 78:181 (February) 1944
3. GLENN, F., *et al*: "Use of Protein Hydrolysates—Conference on Therapy," *Am. J. Med.*, 3:472 (October) 1947
4. CASTEN, D., BODENHEIMER, M., BARCHAM, I.: "A Study of Plasma Protein Variations in Surgical Patients," *Ann. Surg.*, 117:52 (January) 1943
5. BAILEY, H.: *Surgery of Modern Warfare*, Baltimore, Williams and Wilkins Co., 1941, p. 847
6. DAVIS, H. H.: "Amino Acid Intravenously in Surgical Patients," *Nebraska Med. Journal*, 30:51 (February) 1945
7. CANNON, P. R.: "Protein Metabolism and Resistance to Infection," *J. Mich. M. Soc.*, 43:323 (April) 1944
8. WEINSTEIN, J. J.: "Intravenous, Subcutaneous and Rapid Intramuscular Infusions of 'Protein Hydrolysate,'" *Surg., Gyn. & Obst.*, 87:93 (July) 1948

A large percentage of patients enter surgery at a low plasma protein level, and the operative procedure makes further inroads on the already depleted protein reserves.<sup>1,2</sup> A lowered protein level is unfavorable to recovery. It predisposes the patient to pulmonary edema and infection, retarded wound and fracture healing and impaired liver function.<sup>3,4</sup> A high protein level is conducive to rapid healing.<sup>5</sup>

Since diets immediately following surgery are usually inadequate, protein digests given intravenously result in improved strength, appetite, and wound healing. Consequently, they greatly accelerate recovery.<sup>6,7</sup>

2000 cc. of TRAVAMIN 5% a day will satisfy the protein requirements of a high percentage of surgical patients. 2000 to 4000 cc. a day are given according to requirements.<sup>8</sup>

TRAVAMIN is made from bovine plasma.

TRAVAMIN 5% IN WATER  
TRAVAMIN 5% DEXTROSE 5% IN WATER



### PARENTERAL

# Travamin\*

5% PLASMA HYDROLYSATE

\* formerly, PROTEIN HYDROLYSATE, BAXTER

Product of  
**BAXTER LABORATORIES, INC.**  
Morton Grove, Illinois

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (EXCEPT IN THE CITY OF EL PASO, TEXAS) THROUGH

**AMERICAN HOSPITAL SUPPLY CORPORATION**  
GENERAL OFFICES • EVANSTON, ILLINOIS

# Roving Reporter



**SEAMLESS  
STOPPERLESS**  
Hot Water Bottle and  
Ice Bag Combined

## TWO IN ONE

"A Better Hot Water Bottle!"



"And a Better Ice Bag Too!"

This bottle lies flat! Patented, and made only by SEAMLESS!

You drop ice cubes into its wide mouth! You can pour in hot water quickly and easily.

No danger of steam burns! No washers! No stopples! No leaks! No worries! And no complaints! SATISFACTION ASSURED!

*Finest Quality Since 1877*



SURGICAL RUBBER DIVISION  
**THE SEAMLESS RUBBER COMPANY**  
NEW HAVEN 3, CONN., U.S.A.

### So That's a Scalpel!

On the surgical service, frayed nerves are ever fewer since Evanston Hospital, Evanston, Ill., presented its nurses, student nurses, and beginning interns with a special surgical instrument manual. This 16 page booklet, compiled by two residents and a former surgical nurse instructor, doesn't pretend to be complete. It pictures only those instruments used oftenest in this hospital and gives their name and use.

Surgical nurses and interns, for instance, will find illustrated and labeled as to function knives and scissors for cutting and dissection, special instruments for cutting bones, special instruments used in ear, nose and throat operations, all types of grasping instruments, including tissue and other forceps, instruments for exposure or retractors of various types, instruments for exploration, and, of course, needles. Drawings of surgical hand signals complete the manual.

An official diet manual for the use of physicians, residents, interns, nurses and student nurses is also newly published and copies are placed on all floors of the hospital.

### Music Makes a Difference

*When a felon's not engaged in his employment  
Or maturing his felonious little plans,  
His capacity for innocent enjoyment  
Is just as great as any honest man's.*

Gilbert's lyrics and Sullivan's tunes charmed the patients at Marlboro State Hospital, Marlboro, N.J., recently when a company of 53 put on "The Pirates of Penzance."

It wasn't the D'Oyly Carte Company, but the patients, their relatives and friends, and the staff asked nothing better than the cast they heard—a cast made up of 49 mental patients and four hospital employees.

Included in the cast besides the Major General were eight other principals, two ballet dancers, and a chorus of 42. Nine of the last named were trained as understudies.

Patients produced the scenery for the production in the occupational therapy department. The recreation department

arranged for the stage equipment and lighting effects. The women's auxiliary provided the costumes. Two auxiliary members trained the ballet dancers.

The local musicians' union provided the orchestral accompaniment, and the Elizabeth chapter of the Red Cross transported the musicians to rehearsals and performance.

"The Pirates" is the fourth entertainment given by the music therapy department since it began to function last December when a chorus of 36 sang carols in the corridors. Now 17 patients are learning, or reviving an interest in, voice, violin, piano or saxophone.

Each week patients in the 36 wards or cottages have a half-hour program of group singing, rhythm games, dancing or marching to music. Each evening all patients may hear an hour of recorded music over the public address system. The hospital's record library contains chiefly symphonies, folk songs, ballads, ballet music and arias from familiar operas. The music acts as either a tonic or a sedative, it is believed.

High point of the music therapy program at Marlboro, however, was the production of "The Pirates of Penzance," and some staff members would go as far as to say:

*When a patient's not engaged in his depression  
Or maturing suicidal little plans,  
His capacity for innocent enjoyment  
Is just as great as any normal man's.*

### Television for a Day

If you have the \$2 and if you are a patient at Mountainside Hospital, Montclair, N.J., you can rent a portable television set for a day. The hospital's Hospitality Shop has purchased its first few sets and the demand for them is great, especially from the maternity department.

If you are a child patient at Mountainside, you can have recorded music free of charge. A phonograph and a varied record library have been given to the women's auxiliary's library committee. A volunteer goes to the children's bedsides and permits each child to choose his favorite record.





In addition to minimizing itching and irritation, PRO-CAP has other important advantages . . . PRO-CAP sticks better and stays put longer . . . It stays new longer, too, and therefore has a very much longer shelf life.

**SEAMLESS  
PRO-CAP  
ADHESIVE PLASTER**

THE ONLY ADHESIVE PLASTER THAT CONTAINS ZINC PROPIONATE AND ZINC CAPRYLATE—AND THEREBY MINIMIZES ITCHING AND IRRITATION.

**LITTLE OR NO ITCHING!**

**LITTLE OR NO IRRITATION!**

In 1948, this basically new product won nation-wide acclaim . . . Physicians, nurses and hospital authorities welcomed SEAMLESS PRO-CAP ADHESIVE PLASTER as a scientific advance that has long been needed . . . Thousands of tests have proven that PRO-CAP is the answer to those

annoying and troublesome problems that have long been an obstacle to physicians and nurses . . . A notable success because it fills a widespread and serious need . . . Sold only through leading surgical and hospital supply dealers . . . Write now for illustrated brochure and reprints of medical reports.

*FINEST QUALITY SINCE 1877*

**SURGICAL DRESSINGS DIVISION  
THE SEAMLESS RUBBER COMPANY  
NEW HAVEN 3, CONN., U.S.A.**





## Reader Opinion

### Unworthy Buildings

Sirs:

Reference is made to the July issue of your journal where in your article, "Is This the Time to Build?" you quote an anonymous authority who on page 45 states in one sentence, "Federal aid hospitals *might* cost a little more . . ."

and in the next, "The unit cost of hospitals built with federal aid *will* exceed those constructed with private funds. . . ." (Italics are mine.)

Apparently the said Philadelphia authority does not know the difference between might and will. In a downward direction a federal aided hospital

has a definite level below which it could not sink while private-fund hospitals have been known to sink to lower depths. In an upward direction both private-fund and federal aided hospitals can vary widely in cost once they leave the base of minimum requirements. The extent of such departure is not determined by the federal agency but by the individual hospital board. It is therefore utterly false to say that hospitals "built with federal aid *will* exceed [in cost] those constructed with private funds because of the minimum standards which must be met."

Persons who would go below the "minimum standards" are likely to produce either a fire trap or a boarding house lacking in the essential diagnostic and therapeutic facilities. It is my suspicion that such people would be quite willing to make use of federal aid to build buildings unworthy of the name of hospital.

Isadore Rosenfield

New York City

### TWO FINE SURGICAL SOAPS



## GERMA - MEDICA

### REGULAR OR MEDICATED

**GERMA-MEDICA Surgical Soap** leaves the surgeon's hands soft and supple . . . cleansed and ready for the operation. For Germa-Medica is the purest, most highly refined soap, always uniform and gentle as a lotion.

**MEDICATED GERMA-MEDICA Antiseptic Liquid Soap** contains 2½% Hexachlorophene (G-11) on the anhydrous soap content.



HUNTINGTON LABORATORIES, INC., HUNTINGTON, INDIANA, TORONTO

- ☐ Send facts on Germa-Medica. ☐ Regular. ☐ Medicated.  
☐ Also on the Huntington Portable Foot Pedal Dispenser.

NAME

INSTITUTION

CITY

STATE



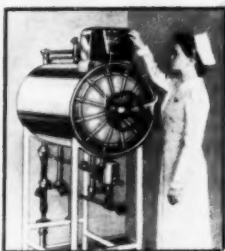
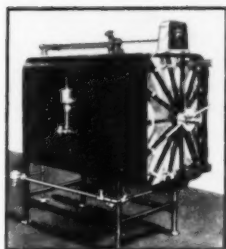
### Examine and Adjust

Sirs:

The responsibilities of voluntary hospitals are growing heavier in number and gravity. Their future more than ever depends upon the general economic conditions of the country, the level of philanthropic gifts, and the attitude of government. I belong to a group of optimists who believe that the hospitals will weather the storm and come out in even improved conditions.

Progressive hospital trustees and administrators do not, however, continue their operations in a laissez-faire attitude. They examine their program of activities and adjust them to the ever-changing conditions. They assume the responsibility of the care of patients who require a longer stay in the hospital for recovery and improvement than the usual seven to 10 or 11 days; they do not regard improvable chronic conditions as inadmissible as bed patients because beds would be occupied for a longer period of time; they seriously consider that dental care is an important aspect of medical care and that modern and extensive dental service is required by all hospitals for both ambulatory and bed patients, especially

# AMERICAN CYCLOMATIC CONTROL



## *The First "Push-Button" Sterilizer*

...relieves the human element  
in sterilizer operation  
with electromatic control of  
accurate, split-second precision



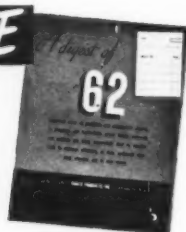
WRITE TODAY for detailed information

**AMERICAN STERILIZER COMPANY**

Erie, Pennsylvania

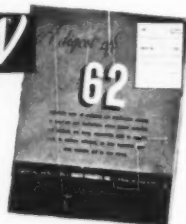
**DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS**

**FREE**



NOW ... in one brand new Oakite Digest are 12 large pages packed with money-saving suggestions on hospital cleaning and sanitation procedures. Step-by-step, job-by-job, department-by-department ... here are cleaning, descaling, paint-stripping and germicidal procedures performed the hospital-tested Oakite way:

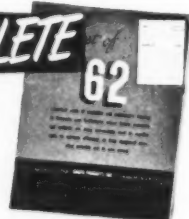
**NEW**



### Time-Saving Tips For

Dietitians  
Commissary Managers  
Housekeepers  
Laundry Managers  
Maintenance Men  
Power Plant Engineers

**COMPLETE**



Write **TODAY** for your  
free copy!

OAKITE PRODUCTS, INC.  
18A Thames Street, NEW YORK 6, N. Y.  
Technical Service Representatives Located in  
Principal Cities of United States and Canada

**OAKITE**

**Specialized Industrial Cleaning**  
MATERIALS • METHODS • SERVICE

those in poor circumstances or in low-income groups; they add to the usual hospital objectives rehabilitation service so that a patient's residual strength will be made use of so that he can become useful to himself and society; they recognize that home medical care belongs to the hospital as one of its important functions even if it has to be limited to the hospital's neighborhood and to a limited number of people, and, finally, a modest program of disease prevention on a level that would be understandable to the people of a community is a logical undertaking by a hospital.

The people in the community become increasingly aware of its hospital when it reaches them through the above functions in addition to the care of the immediate patient. Awareness of the hospital means increasing financial support.

J. J. Golub, M.D.  
Hospital for Joint Diseases  
New York City

### This Is Hot

Sirs:

When you get a chance and want to get out of your ivory domicile and try to get down to the grass-root level and find out how the poor hospitals are being run, rather than smoking your marijuana cigarettes and figuring how they should be run, why don't you come down here and see that strange but pertinent institution, the modern hospital, in its day-by-day operation?

B. D. Dann  
Hackley Hospital  
Muskegon, Mich.

*Good idea; invitation accepted.—Ed.*

### Exception Noted

Sirs:

I have read with much interest "The Nurse's Contribution to the Patient's Spiritual Welfare," by Rev. Canon Edward A. Groves Jr., in the July issue of *The MODERN HOSPITAL*. I wish to take exception to him in his premise.

So much work is being shunted off on the trained nurse that she has become a creature that does nothing which involves the immediate care of the patient. In this small hospital we recently discharged three R.N.'s for their over-active interest in the patient's spiritual welfare. As we are dripping with ministers, priests and nuns, I think they are better able to take care of the spiritual side of the care of the patients and the nurse should go back to worrying about the physical well being, using judgment in calling in religious special-

ists when their opinions are needed and will contribute to the patient's peace of mind or actual recovery.

By the same token, there is as much difference in the abilities of various priests and ministers as there is in doctors; the approach of some being absolutely harmful to the patient. As much care should be used in selection of the clergyman as in selection of the doctor. Let's not put any more work on the trained nurse but have her go back to her basic problem of looking after the physical well being of the patient.

Alexander W. Blain, M.D.  
Detroit

### Beauty Shop

Sirs:

Does the hospital have a written contract with the proprietor of the beauty salon who is operating the mobile hospital beauty service (*January 1949 MODERN HOSPITAL*)?

Do you furnish storage space in the hospital for the operator's equipment?

Sister M. Loretta, O.S.B.  
Saint Mary's Hospital  
Duluth, Minn.

Sirs:

In reply to the inquiry about our mobile beauty shop, I would like to say that we do not have a written contract with the proprietor. All of our arrangements are agreed to orally and are subject to change or discontinuance by the hospital at any time.

We furnish storage space in the hospital for the uniforms of the operator and the necessary equipment. The mobile machine itself is kept in the utility closet located on one of our patients' floors.

Requests for beauty service are transmitted through the telephone operator and all financial arrangements are supervised by our accounting office. You may be interested to know that we give complete beauty service to our employees. As the beauty operator is in the building the greater part of the day, she is able to give special service to nurses and others. This has proved to be a very important feature of the mobile beauty shop. All in all, we can say that this type of service is a great factor in improving patient morale and it is done without any inconvenience to the hospital or its staff.

Mitchell M. Waife  
Menorah Hospital  
Kansas City, Mo.

# how to plan for proper work flow



This typical Blickman layout for a central supply room has been carefully planned to expedite service and assure a continuous work flow.



**LABORATORY** — St. Peter's Hospital, Albany, N. Y. — Stainless steel cabinets and counters in this hospital laboratory were custom-designed by Blickman to meet the special needs of this hospital.



**MILK FORMULA DEPARTMENT** — Elizabeth Steel Magee Hospital, Pittsburgh, Pa. — This milk formula room was Blickman-planned for efficient, continuous work flow, with emphasis on step-saving, labor-saving procedures.

*Consult*...**BLICKMAN'S**  
**PLANNING SERVICE** for efficient  
layout of cabinets and casework

• The saving in time and labor, resulting from good layout, makes proper planning vital. That's why so many hospital executives consult Blickman planning experts about central supply and work rooms, utility and milk formula rooms, laboratories and other departments.

Through years of close contact with hospital administrators and architects, Blickman hospital consultants have acquired a thorough understanding of hospital procedures. They study the specific problems of your institution, then carefully plan the proper layout to assure a smooth, efficient work flow. That's not all! Experts design and construct the individual units to fit your plan and follow through to proper installation. This *three-fold service* — planning, fabrication, installation — assures you a step-saving, labor-saving installation, built to give many years of service.

Next time you have a layout or equipment problem, call in a Blickman hospital consultant.

**SEND FOR HOSPITAL BULLETIN NO. 10-CBC**  
Illustrates and describes Blickman-Built cabinets and casework for every hospital department.



**S. Blickman, Inc., 1510 Gregory Avenue, Weehawken, N. J.**

New England Branch: 10 High St., Boston 10, Mass.

**Blickman-Built**  
*Hospital Equipment*

CABINETS & CASEWORK

OPERATING ROOM

FOOD CONVEYORS

HYDROTHERAPY & PHYSIOTHERAPY

NURSERY & MATERNITY

PORTABLE EQUIPMENT

**General Electric X-Ray presents**

# Maxitron 250

**for the cancer specialist or cancer  
clinic requiring a specialized design**



The new **Maxitron 250**—Only in the experimental laboratory has the spectral coverage now made possible by the new Coolidge *beryllium-window* tube been possible before. From 75 kvp to 250 kvp, the new Maxitron 250 produces x-rays of unusually high intensity. The most advanced design available in medium-voltage equipment makes positioning the tube head, for treatment of any part of the body, simple and easy. An end-grounded tube keeps the treatment area clear and free of obstruction.

**SEE THEM BOTH**—The Maxitron 250 and Maximar 250 III highlight the General Electric X-Ray exhibits at the Roentgen Ray meeting in Cincinnati, Ohio (October 4-7), and at the Radiological Society meeting in Cleveland, Ohio (December 4-9).

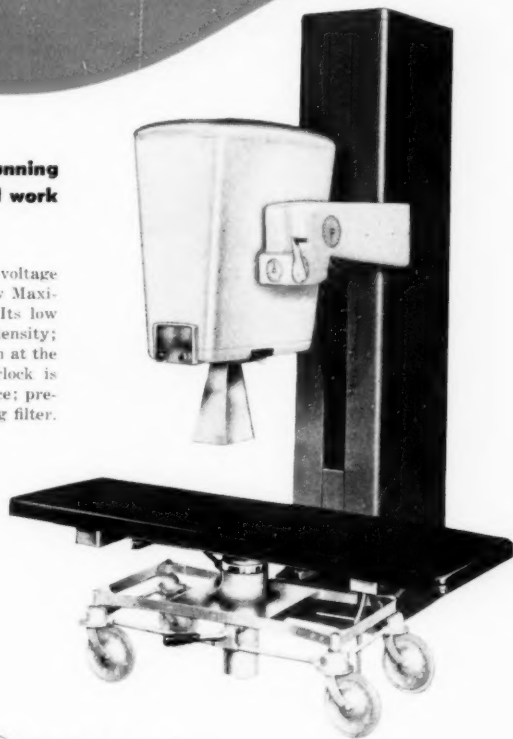
**TAKE YOUR CHOICE**—In which of these two General Electric X-Ray units are **you** interested? Write us. We'll gladly send you complete information. General Electric X-Ray Corporation, Dept. J-12, 4855 Electric Ave., Milwaukee 14, Wisc.

**two new therapy units . . .**

# Maximar 250 III

**for the radiologist or hospital running  
an "average" schedule of general work**

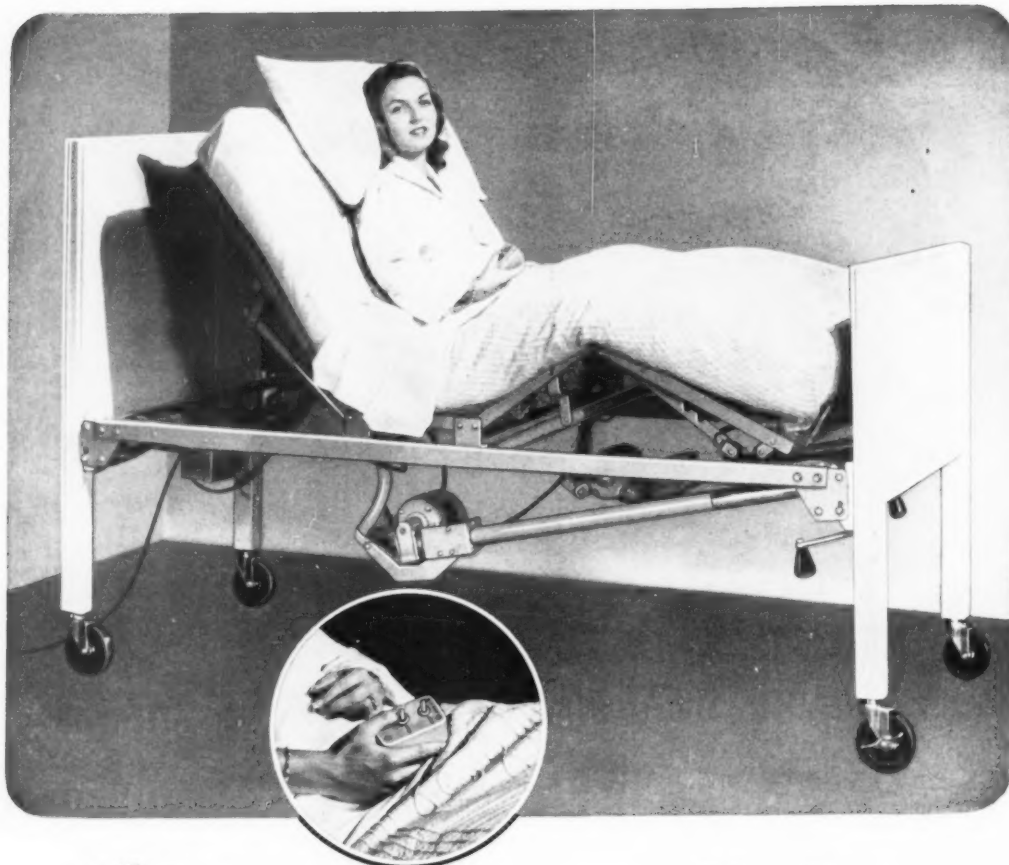
The new **Maximar 250 III**—Within its voltage range of from 80 kvp to 250 kvp, the new Maximar 250 III will operate *continuously*. Its low inherent filtration assures high x-ray intensity; permits the practical use of high filtration at the higher voltages. A filter-indicator interlock is available which indicates the filter in place; prevents accidental operation with the wrong filter.



**GENERAL  ELECTRIC  
X-RAY CORPORATION**

General Electric X-Ray Corporation manufactures and distributes  
x-ray apparatus for medical, dental and industrial use; electromedi-  
cal apparatus; x-ray and electromedical supplies and accessories.





## *The* Campbell *Patient Operated* Bed

THE LATEST CONVENIENCE IN HOSPITAL EQUIPMENT

The Campbell Bed offers the patient fingertip control of ease and comfort. Convenient two-way switches activate head and foot units independently or simultaneously, with *instantaneous* reversible action. Operates on 110 Volt - AC current. The Campbell Bed is adaptable to your standard hospital bed ends (36 to 39 in. width). Available with or without head and footboards. Write for illustrated descriptive bulletin #100.

**GUARANTEED:** *The Campbell Bed is guaranteed for three years against mechanical failure under normal operating conditions.*

Sold exclusively through surgical supply houses.

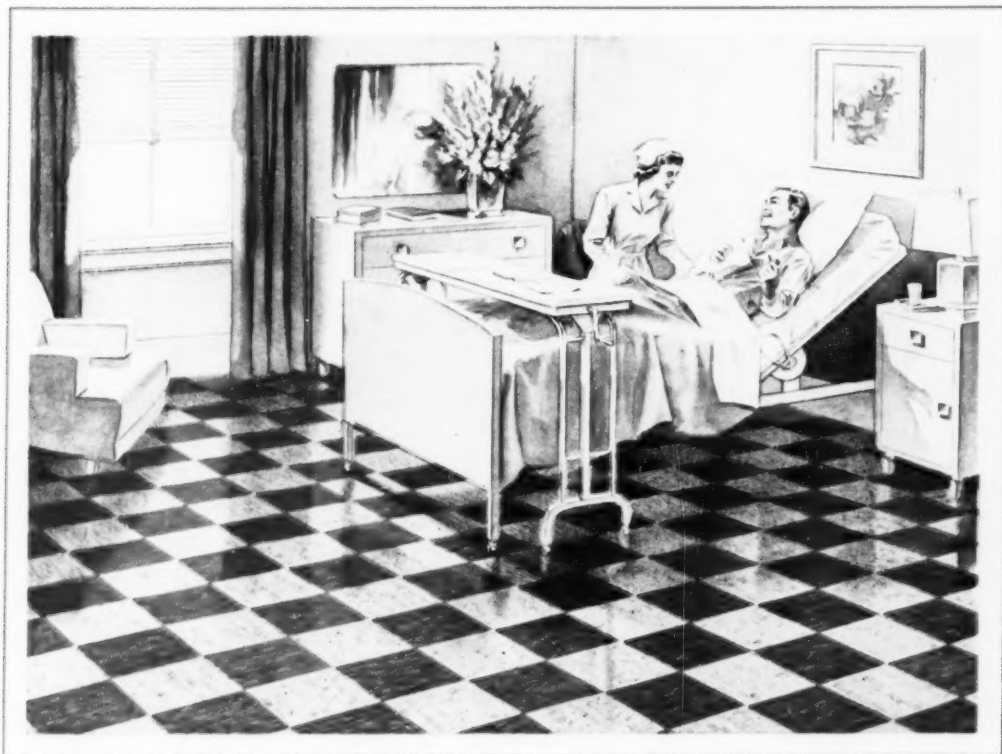


**Campbell** *and company*  
CINCINNATI 2 • OHIO • U.S.A.





*“Cheerful?  
—you said it!”*



“

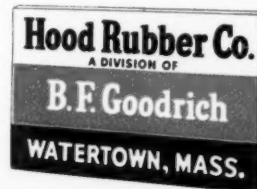
And who wouldn't be, I'm leaving tomorrow. But before I go, I want to say 'thanks' to the staff for the wonderful treatment and attention they've given me, and for this cheerful room. My friends have all had compliments for it and particularly for the tile floor. And they're so right... it's quiet, attractive, and I've noticed particularly how easy it is to keep clean. The nurse told me it was Hood Rubber

Tile and that it's been in the room for 15 years... you'd certainly never know it!

★ ★ ★ ★ ★

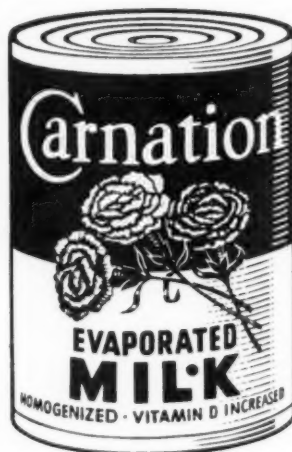
Wherever flooring beauty, longer wear (20 years in a Massachusetts hospital), ease of maintenance and comfort are of vital concern, the choice is Hood Rubber Tile. Write for free color catalog. See why leading American hospitals use Hood Rubber Tile.

”



**HOOD—FOR RUBBER TILE**

**HOOD—FOR ASPHALT TILE**



## Which would you prescribe for Infant Feeding?

**NATURALLY**, you'd choose a name you know...one worthy of your confidence.

**AND CARNATION** protects your recommendation with the most scrupulous standards of safety, uniformity and nutritional value.

**EVERY DROP** of Carnation Milk is processed with "prescription accuracy"—in Carnation's *own* plants under Carnation's *own* continuous supervision. That is why you can have complete confidence in Carnation. It is

evaporated, homogenized, enriched in vitamin D, and sterilized, under the most rigid controls. Constant tests and vigilant inspection are your guarantee that every can bearing the name Carnation meets the highest requirements of the medical profession.

**NO WONDER** 8 out of 10 mothers who use a Carnation formula say, "My doctor recommended it." It's the milk you can confidently *prescribe by name*—day in and year out.



*Carnation Evaporated Milk  
is an especially suitable milk for infant  
feeding and for bland and special diets.*

---

**The Milk Every Doctor Knows**

---



*"From  
Contented  
Cous"*



# Working Together

Ignorance of hospital problems and needs is the breeding ground for lack of sympathy and interest in any hospital's ambitions and progress.

Merely to acquaint people in the community with your needs and ambitions will never, in itself, arouse an active interest—nor will it create the goodwill you must have for the success of your undertaking.

Just *what*, then, is this "goodwill" and how *can* it be created?

Goodwill—as it applies to hospitals—can best be defined as *a deep appreciation of the wonderful services you render the community you serve.*

To instill a deep sense of appreciation is not as difficult a task as it might appear to be.

Quickest, most effective way of accomplishing that is merely to convince your patients of *the hospital's interest in them and their families . . .* "making it easy" for them to talk about your hospital and to praise its services.

To *show* that interest—*genuinely*—start your goodwill building program with the parents of babies born in your hospital.

Then—*their lasting friendship*—and *that of their children*—will become increasingly more valuable as the years go by.

Hollister Inscribed Birth Certificates and Certific-ettes—*working together*—will create goodwill and favorable comment—act as a powerful advertisement of the wonderful services you render the entire community.

To see how all this may be accomplished, please turn the page.



*Hollister Heirloom Quality*

## Franklin C. Hollister Company

843 NORTH ORLEANS STREET . . . CHICAGO 10, ILLINOIS

# Working Together

These are the three Goodwill Builders that will do much to insure the success of your program



1

**MATERNITY BOOKLET**—presentation of this attractive 16 page booklet becomes the *first evidence* of your interest in the prospective patient and her family.

With the inside front cover reserved for *your* hospital's message, this informative booklet—free of commercialism—is a gift that will supply the information every maternity patient should have before entering your hospital. This will be an *appreciated gift—positive proof* of your interest.

*(Note: A supply of these maternity booklets—imprinted with your hospital's message—distinctively yours—is furnished without charge with each order of Certific-ettes.)*



2

**HOLLISTER CERTIFIC-ETTES**—perfect miniatures of the *Inscribed* Birth Certificate you will present to the parents—featuring a tiny gold seal with the embossed imprint of a baby's feet—offer parents the newest, cleverest means of announcing their baby's birth.

*Attractively packaged in ribbon-tied boxes of 24 Certific-ettes and matching envelopes (with gold stork seals for the envelopes)—this Hollister Goodwill Builder offers unusual profit possibilities.*



3

**HOLLISTER *Inscribed* BIRTH CERTIFICATES**—the presentation, as a "*going home gift*"—of an Inscribed Birth Certificate to parents of babies born in your hospital—providing, as it does, indisputable proof of the baby's identity, becomes—for that family—*additional proof* of your hospital's interest in them. Every Inscribed Certificate becomes a treasured souvenir. Of heirloom quality, they serve always as a happy reminder of the services you render.

Notice, please, that every one of these three Goodwill Builders has been designed to—and will prove your hospital's sincere interest in the welfare of your patients and their families.

*WORKING TOGETHER . . . to build and hold goodwill . . .  
to create favorable comment . . . to instill a deep sense of appreciation . . .  
to earn a handsome profit . . . .*

*Hollister Heirloom Quality*

Start *your* goodwill program *now*. *Working together*—these three Hollister Goodwill Builders will earn for *your* hospital the goodwill you deserve in the community you serve.

FRANKLIN C. HOLLISTER, 833 N. Orleans Street, Chicago 10, Illinois  
Please send us the new literature describing these three Goodwill Builders.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

# INDEX TO ADVERTISEMENTS

(HPF) after company name indicates that further descriptive data are filed in catalog space in HOSPITAL PURCHASING FILE—26th Edition

## A

Abbott Laboratories	209
Adams & Westlake Company	21
Airkem, Inc.	168
Air Transport Assn. for Air Express Div., Railway Express	150
Alconox Inc. (HPF)	223
Allegheny Ludlum Steel Corp.	180
Aloe Co., A. S. (HPF)	155
American Can Company	188
American City Bureau (HPF)	125
American Floor Surfacing Machine Co.	242
American Gas Association	36
American Hospital Supply Corp. (HPF)	5, 31, 103
American Laundry Machinery Co. (HPF)	41
American Safety Razor Corp.	147
American Standard Mfg. Co.	234
American Steel & Wire Co.	33
American Sterilizer Company (HPF)	9
Anchor Brush Co.	227
Archer Rubber Company	239
Armour & Company	40
Armstrong Company, The Gordon (HPF) facing page	49
Armstrong Cork Company	119
Aseptic-Thermo Indicator Co.	198

## B

Baker Linen Company, H. W. (HPF)	239
Barnstead Still & Sterilizer Co. (HPF)	42
Bauer & Black (HPF)	48, 203
Baxter Laboratories	5
Beckley-Cardy Company (HPF)	236
Becton, Dickinson & Company (HPF)	128
Berbecker & Sons, Inc., Julius (HPF)	198
Birtcher Corporation	162
Bishop & Company, J. (HPF)	106
Blank & Co., Inc., Frederic (HPF)	157
Blickman, Inc., S. (HPF)	11, 113, 127
Blodgett Company, Inc., G. S. (HPF)	184
Brillo Manufacturing Co.	240
Brol Instruments, Inc.	104

## C

Campbell & Company	14
Carnation Company & Subsidiaries	16
Carnegie-Illinois Steel Corporation	33
Carrom Industries, Inc. (HPF)	26
Cash, Inc., J. & J. (HPF)	243
Castle Company, Wilmot (HPF)	146
Ceco Steel Products Corp.	159
Celotex Corporation (HPF)	28
Ciba Pharmaceutical Products, Inc. (HPF)	45
Clark Linen & Equipment Co. (HPF)	242
Classified Advertisements	219-240
Clay-Adams Co., Inc.	144
Cleveland Range Company (HPF)	229
Colgate-Palmolive-Peet Co. (HPF)	167
Colson Corporation	145
Columbia Steel Company	33
Commercial Solvents Corporation (HPF)	93
Continental Coffee Company	186
Couch Company, Inc., S. H.	130
Crane Company (HPF)	141
Cutter Laboratories (HPF)	91, 198

## D

Darnell Corporation, Ltd. (HPF)	166
Davis & Geck, Inc. (HPF)	following page 32
Debs Hospital Supplies, Inc. (HPF)	226
Deknatel & Son, Inc., J. A.	220
Despatch Oven Company	241
Detroit-Michigan Stove Company	37
Diack Controls (HPF)	126
Dolge Company, C. B.	241
Don & Company, Edward	186
Dundee Mills, Inc.	38
Du Pont de Nemours & Company, E. I. (HPF)	29

## E

E & J Manufacturing Company	162
Eastman Kodak Company	following page 124
Edison, Inc., Thomas A.	133
Eichenlaubs	243
Emerson Electric Manufacturing Co.	156
Ethicon Suture Laboratories (HPF)	204

## F

Fairbanks, Morse & Company	210
Fairchild Camera & Instrument Corp. (HPF)	174
Finnell System, Inc. (HPF)	239
Florists' Telegraph Delivery International	149
Flynn Manufacturing Co., Michael	169
Frick Company	231

## G

Geerpres Wringer, Inc.	238
General Cellulose Co., Inc.	238
General Electric Company	237
General Electric X-Ray Corporation (HPF)	12, 13
General Foods Corporation	34, 35, 111, 229
Gennett & Sons, Inc. (HPF)	230
Gerson-Stewart Company	112
Glasco Products Company	196
Goodall Fabrics, Inc.	24
Goodrich Co., B. F.	1
Goodyear Tire & Rubber Co., Inc.	17
Gudebrod Brothers Silk Co., Inc. (HPF)	207
Gumpert Company, Inc., S. (HPF)	4th Cover

## H

Hall & Sons, Frank A. (HPF)	178
Hall China Company	3rd Cover
Haney and Associates, Inc., Charles (HPF)	186
Hanovia Chemical & Mfg. Company (HPF)	221
Hard Manufacturing Co. (HPF)	215
Herrick Refrigerator Company (HPF)	233
Heyden Chemical Corporation	32
Hild Floor Machine Co. (HPF)	172
Hill-Rom Company (HPF)	225
Hillyard Sales Companies (HPF)	235
Hobart Manufacturing Company	facing page 109
Hodgman Rubber Company	178
Hoffmann-LaRoche, Inc.	129
Hollister Company, Franklin C.	following page 16
Hood Rubber Company	15
Horner Woolen Mills Co.	237
Hospital Purchasing File	242
Hospo Organization	212
Hotpoint, Inc. (HPF)	95
Huntington Laboratories, Inc. (HPF)	8
Hydro-Tex Corp.	210

<b>I</b>	
Inland Bed Company (HPF)	236
International Equipment Company (HPF)	202
International Minerals & Chemical Corporation	185
International Nickel Company, Inc.	131

<b>J</b>	
Johns-Manville	following page 156
Johnson & Johnson	244
Judd Co., Inc., H. L.	134

<b>K</b>	
Kenwood Mills (HPF)	178
Ketchum, Incorporated	143
Kewaunee Mfg. Co.	138
Kohler Company	158

<b>L</b>	
Lalanc & Grosjean Mfg. Co. (HPF)	195
Landers, Frary & Clark	193
Lawson Associates, Inc., B. H. (HPF)	148
Leader Electric Co.	23
Legge Co., Inc., Walter G. (HPF)	216
Lehn & Fink Products Corp.	171
Leonard Valve Company (HPF)	225
Lewyt Corporation	39
Libbey-Owens-Ford Glass Company	181
Lilly & Company, Eli	3
Lincoln-Schlueter Floor Machinery Co.	224
Liquid Carbonic Corporation (HPF)	100
Livsey Equipment Company	139

<b>M</b>	
McCray Refrigerator Company (HPF)	165
Macalaster Bicknell Company (HPF)	205
Mallinckrodt Chemical Works	105
Marble Institute of America, Inc.	20
Marvin-Neitzel Corp. (HPF)	212
Mercer Glass Works	243
Merck & Company, Inc.	101
Miller Rubber Sundries Div.	1

<b>N</b>	
National Cash Register Company (HPF)	213
National Gypsum Company	137
National Hotels Exposition	243
National Sanitary Supply Association	241
National Tube Company	33
National Turkey Federation	182
Nestle Company, Inc.	228
New Castle Products, Inc.	230
North Star Woolen Mill Company (HPF)	232

<b>O</b>	
Oakite Products, Inc. (HPF)	10
Ohio Chemical & Mfg. Co. (HPF)	107
Onan & Sons, Inc., D. W.	170
Orthopedic Frame Co. (HPF)	160
Owens-Corning Fiberglas Corp.	19

<b>P</b>	
Parke, Davis & Company	99
Pequot Mills	234
Perfektm Products Company	178
Permutit Company (HPF)	164
Phenix Box and Label Company	186
Pick Company, Inc., Albert	210
Pilling & Son Co., George P.	206
Pioneer Rubber Company (HPF)	25
Pittsburgh Plate Glass Company	following page 140
Potter Mfg. Corp.	240
Powers Regulator Co.	135
Pratt & Lambert, Inc.	173
Presco Company	199
Procter & Gamble	151
Prometheus Electric Corp. (HPF)	190

Puritan Compressed Gas Corp. (HPF)	152
Pyramid Rubber Co. (HPF)	198

<b>Q</b>	
Quaker Oats Company	115
Quicap Company (HPF)	161

<b>R</b>	
Remington Rand, Inc.	22
Republic Steel Corporation	179
Reynolds Tobacco Co., R. J.	194
Rhoads and Company (HPF)	46
Rixson Company, Oscar C.	140
Ross, Inc., Will	208
Russell Company, F. C.	235

<b>S</b>	
Salvajor Company	231
Schlage Lock Co.	123
Schrader's Son, A.	154
Seamless Rubber Company (HPF)	6, 7
Seco Company, Inc.	233
Seven Up Company	192
Sexton & Company, John (HPF)	following page 108
Simmons Company (HPF)	following page 48
Sloan Valve Company	2nd Cover
Sperzel Company	224
Squibb & Sons, E. R.	97
Standard Electric Time Co.	221
Standard Steel Equipment Co., Inc. (HPF)	241
Stanley Works, The	142
Straus-Duparquet, Inc., Nathan (HPF)	227
Swartzbaugh Mfg. Co. (HPF)	211

<b>T</b>	
Taylor Bedding Mfg. Co.	212
Tennessee Coal, Iron & Railroad Co.	33
Tile-Tex Division (HPF)	177
Toastmaster Products Div.	
McGraw Electric Co. (HPF)	187
Todd Shipyards Corporation	166
Torrington Company	223
Trane Company	18

<b>U</b>	
U. S. Hoffman Machinery Corporation (HPF)	218
U. S. Industrial Chemicals, Inc. (HPF)	44
U. S. Plywood Corporation (HPF)	117
U. S. Slicing Machine Company	189
United States Steel Corporation	33
Universal Dishwashing Machinery Co. (HPF)	191
Utica & Mohawk Cotton Mills, Inc.	121

<b>V</b>	
Varlar, Inc.	136

<b>W</b>	
Wallace & Sons Mfg. Co., R.	183
Wander Company	200
Ward, Wells & Dreshman (HPF)	217
Weck & Company, Inc., Edward (HPF)	197
Weld Edge Plastics, Inc.	210
Wellington Sears Co.	27
Westinghouse Electric Corporation (HPF)	

	43, facing page 141
Will, Folsom and Smith, Inc. (HPF)	175
Wilmot Castle Company (HPF)	146
Winthrop-Stearns, Inc.	153, 201
Witt Cornice Company	176
Wocher & Son Co., Max (HPF)	222
Wood Steel Products Co.	132

<b>Y</b>	
York Corporation	163

<b>Z</b>	
Zimmer Manufacturing Company	30



### Hospital Mattresses

Cool, clean and oh! so comfortable. Flexibility makes them ideal for Gatch beds. Their extra long life makes them, by far, your smartest buy. Made in standard, bassinet and crib sizes.



### Ambulance Mattresses

**Airfoam** smothers bumps and jolts. Easily washed and disinfected.



### Operating and Inspection Pads

**Airfoam** assures sanitary comfort, helps prevent after effects of cramped positions.



### Invalid Rings and Knee Cushions

Millions of air cells breathe in and out with each body movement, dissipating body heat and providing cool comfort.



### Fracture, Cast and Pressure Padding

**Airfoam** is ideal for orthopedic padding, including artificial limb cushioning. Readily conforms to any body shape.



## Now — all the Comforts of Airfoam in these hospital specialties

**T**HE known advantages of **Airfoam** are now available in a wide variety of mattresses, pillows, cushions and hospital specialties that bring healing comfort to the ill and bed-ridden. Order from your supply house, or write for Booklet S-6900, describing the complete line of **Airfoam** products for hospital and institutional use. Address: Goodyear, Airfoam Dept., Akron 16, Ohio.



### Quick test for real comfort

**Airfoam** gives to the lightest touch, comes back the moment pressure is lifted. It's this airy buoyancy that makes **Airfoam** so utterly restful.





# TRANE



## Squeeze discomfort right out of the air—with UniTrane

UniTrane air conditioning removes excess *moisture* from the air as well as excess *heat*.

On a hot, rainy day, UniTrane clears the air of extra moisture in a hurry. The Type MC UniTrane unit illustrated below will remove as much as *ten gallons* of water from the room air during a 24-hour period.

UniTrane is not just a new system. It is a new kind of air conditioning. Each room has its own compact, under-the-window unit. Units are designed for temperature control, moisture control, ventilation control. All air is filtered.

No ducts are needed. Just simple piping, like a hot water system. You circulate hot water in winter, chilled water in summer. It's as simple as that.

With UniTrane you can *budget* your installation. A zone, a floor, or even just a room at a time can be conditioned, after the basic source of hot water and chilled water has been established.

Read "Merely a Matter of Air" for *non-technical* information about UniTrane. For professional data, see DS-420. These bulletins may be secured through the Trane sales office in your area, or direct from the factory.

### THE TRANE COMPANY . . . LA CROSSE, WIS.

Manufacturing Engineers of Heating, Ventilating and Air Conditioning Equipment—Unit Heaters, Convactor-radiators, Heating and Cooling Coils, Fans, Compressors, Air Conditioners, Unit Ventilators, Special Heat Exchange Equipment, Steam and Hot Water Heating Specialities . . . IN CANADA, TRANE COMPANY OF CANADA LTD., TORONTO.

The revolutionary Type MC UniTrane unit shown here has two circuits in one compact cabinet. One circuit controls ventilation and moisture. The other controls room temperature. Now you can have perfect year-around air conditioning in multiroom buildings without using ducts.





*Look*

**AT THE TEST FIGURES!** In hotels, hospitals, institutions—wherever curtain maintenance is a problem, you can save money with Fiberglas marquisesettes. The figures at the right are typical of the important savings which result when these modern curtains are used.

*Here's why!*

**FIBERGLAS MARQUISETTES**

- Stay clean longer — less washing!
- No ironing — no stretching — no altering!
- Can't shrink — no sorting and pairing!  
Just wash and hang!

What's more, they're sunfast, sag-proof, silverfish-proof, rot-proof, mildew-proof, stain-resistant, water-repellent!

*and a big plus!*

Woven of all-glass fibers, Fiberglas marquisesettes *cannot burn*. They offer security from the ever-present hazard of fire — a safety factor most unusual in curtains!

**HERE ARE THE RESULTS**

of an actual one-year maintenance test and analysis conducted by a leading New York Hospital.\*\*

	Fiberglas Marquisesettes		Cotton Curtains	
Laundrying	4 times (or .10)	.40	8 times (or .15)	1.20
Sorting because of shrinkage			8 times (or .02)	.16
Removing and hanging	4 times (or .40)	1.60	8 times (or .40)	3.20
Maintenance cost for one year		2.00		4.56

OWENS-CORNING FIBERGLAS CORPORATION, PHOTODUPLICATIONS, FIBERGLAS MARQUISETTES, AND FIBERGLAS MARQUISETTES ARE TRADE MARKS OF OWENS-CORNING FIBERGLAS CORPORATION. FIBERGLAS MARQUISETTES ARE NOT BEARD OR MANUFACTURED, FINISHED, OR SHIPPED BY OWENS-CORNING FIBERGLAS CORPORATION. FIBERGLAS MARQUISETTES ARE TRADE MARKS OF OWENS-CORNING FIBERGLAS CORPORATION.

\*\*NAME ON REQUEST.

FIGURES GIVEN IN FIGURES.

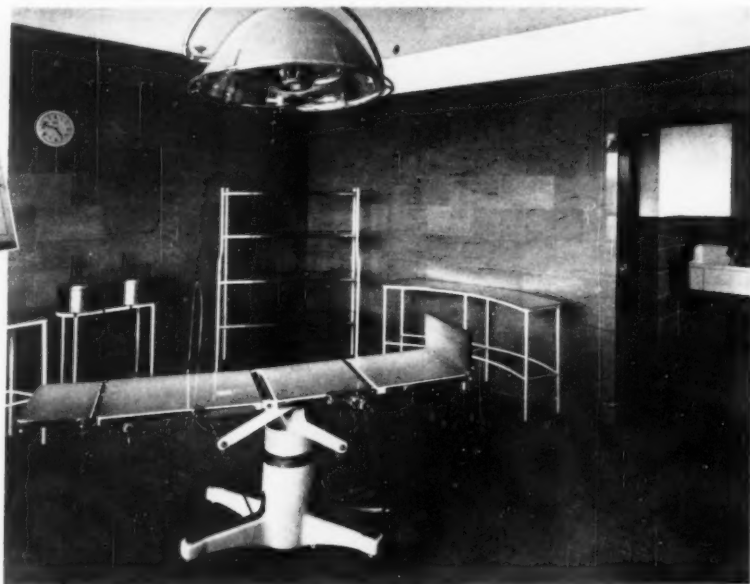
**OWENS-CORNING  
FIBERGLAS**

*Yarns*

Owens-Corning Fiberglas Corporation, Decorative Textile Division,  
16 East 56th Street, New York 22, N. Y.

# marble

**the Doctor's first assistant!**



In every part of the Hospital, Cleanliness must be above suspicion—a Cleanliness in operating rooms, laboratories, wards, corridors, toilets, kitchens and reception lobbies, that extends beyond mere appearance and approaches the standards of sterilization established for bandages and surgical instruments.

Marble meets fully all such demands. It is the easiest and cheapest of building materials to maintain or keep clean.

*Write Managing Director  
for latest literature  
on foreign and domestic  
marbles, Dept. 49-H.*



**Marble Institute  
of America, inc.**

108 FORSTER AVENUE, MOUNT VERNON, N. Y.

**with these windows you  
remember the window washer**

*But Forget All  
Other Maintenance!*

Yes, routine washing is the *only* maintenance these Adlake Aluminum Windows will ever require.

Thus before you know it, by eliminating all maintenance cost, they'll pay for themselves. What's more, they'll last as long as the building.

ONLY ADLAKE WINDOWS have the combination of woven-pile weather stripping and patented serrated guides that assures minimum air infiltration and absolute finger-tip control. And Adlake Windows never warp, rot, rattle, stick or swell. They retain their good looks and easy operation for the life of the building.

FOR THE WHOLE STORY on how Adlake Aluminum Windows save maintenance costs and give worry-free operation, drop us a post card today.

Address The Adams & Westlake Company,  
1195 North Michigan Avenue, Elkhart, Indiana.  
No obligation, of course.

**ADLAKE ALUMINUM WINDOWS**  
have these "plus" features

- Minimum Air Infiltration • Finger-tip Control
- No Warp, Rot, Rattle, Stick • No Painting or Maintenance
- Ease of Installation



**THE  
Adams & Westlake  
COMPANY**

Established 1857 • ELKHART, IND. • New York • Chicago



Pratt Diagnostic Hospital, Boston, Mass.

Installations: 486 Adlake double-hung Aluminum Windows

Architect: Reinhardt Hofmeister & Walquist, N. Y. Contractor: Barr & Lane, Boston



## *"Here's a real time-saver!"*

Medication and Treatment Records in Kardex Desk Units save valuable time for nurses in the Presbyterian Hospital, Newark, N. J., and enable them to carry out doctors' orders with precise, time-table accuracy.

Each ward or section of the hospital has a Kardex Desk Unit that condenses all data and instructions on each patient, and *visibly* points out the time and type of medication or treatment. Too, the doctors' instructions need be copied only once, thus eliminating possibility of errors in transcription.

Kardex Desk Units are available in various sizes, and the signaling plan is so flexible that different systems can be used to meet different requirements.

Hospitals everywhere—large or small—install these Kardex Desk Units as their ward Medication and Treatment Records because they save hours of valuable time and prevent errors.

See how they could save time and maintain accuracy in *your* hospital. Just phone your nearest Remington Rand office or write to Systems Division, 315 Fourth Ave., New York 10, N. Y.



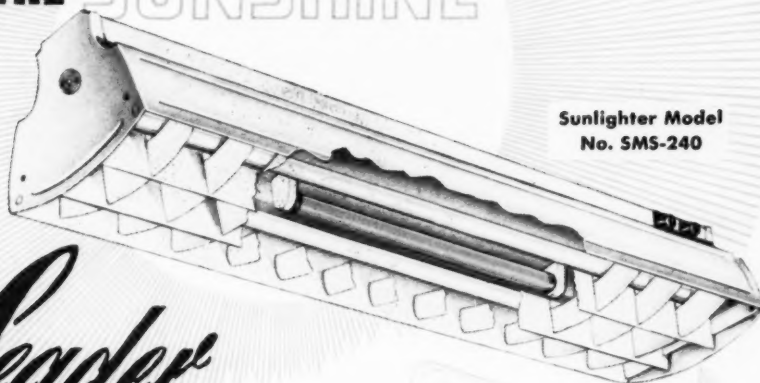
The hours of treatments are checked on the visible margin of each card at Presbyterian Hospital so that a *single swift glance* tells the nurse which patients require medication or treatment at any given time. Above the margin on each card are the doctor's instructions opposite the designated hour.

Remington Rand Inc.

THE FIRST NAME IN BUSINESS SYSTEMS

**Remington Rand**

**TURN ON THE** **SUNSHINE**



Sunlighter Model  
No. SMS-240

The NEW

*Leader*

**SUNLIGHTER**

(First successful sun-ray reproduction over large areas)

Excellent suited for  
use in **CLASSROOMS**  
**GYMNASIUMS · ASSEMBLY**  
**HALLS · HOSPITALS**  
**SANITARIUMS · OFFICES**  
**FACTORIES · BOWLING ALLEYS**

At last, a reproduction of the sun's most desirable ultra-violet rays — the rays that tan the skin to a robust tone, produce Vitamin D; help in the deposition of calcium for sounder teeth and more rugged bones, to cure and/or to ward off rickets; *all* the benefits to health of the sun's ultra-violet rays. (Specular Alzak reflectors.)

**A 3-lamp  
ensemble**



**STAYS  
COOL**

with the sun-lamp centered between lighting lamps. Length of lamps gives effectiveness over large area... Available in 64", 72" and 96" LEADER Slimline models. Also in LEADER SM-240 (4 ft.) and SM-2-100 (5 ft.) ... 40/60 LIGHT DIFFUSION—plus sun-rays ... Complete specifications upon request.

**LEADER leads again!**  
**IMMEDIATE DELIVERY on this  
revolutionary fixture!**

Not a theory for the future but an actuality for immediate delivery: **LEADER'S SUNLIGHTER**—a 2-in-1 fluorescent fixture of quality illumination and a successful duplication of sunlight's ultra-violet rays.

Here is a sun-lamp fixture that eliminates the faults of previous sun-lamps. The first ultra-violet radiations similar to sunlight: 2800-to-3200 Angstrom band... a continuous band concentrated in the most biologically effective spectral region... produces Vitamin D in very substantial quantities... (Undesirable wave-lengths are blocked out... lamp stays cool to the touch during use!)

**Sold and installed only by the better  
electrical wholesalers and contractors**



**LEADER ELECTRIC COMPANY**

3500 North Kedzie Avenue, Chicago 18, Ill.  
West Coast Factory: 2040 Livingston, Oakland 6, Cal.



# Goodall woven-with-mohair Prints in Vat-Dye Washable Colors



## *For Longer Wear...* *Lower Maintenance...* **Slipcovers and Draperies**

CHILLING colors speed convalescence. And Goodall's five wonderful new patterns in vat-dye colors give your convalescent rooms this important therapeutic benefit. Easy, inexpensive maintenance, too. Ideal for nurses' and interns' rooms, as well. Woven with genuine Angora Mohair, the smooth, lint-free textures shed dust...refuse to wrinkle and need laundering less often. Pre-shrunk (average residual shrinkage 2%). The vat-dye colors stay bright, new-looking through repeated washings. Draperies hold their shape...won't sag or stretch...wear for years. Slipcovers won't shift or slide or lose their tailored contour.

Write: GOODALL FABRICS, INC., 525 Madison Avenue  
New York City for samples and information.

### **AND...Goodall Custom-Hemmed One-Piece Bedspreads are Color-Related to These Prints!**

Every hospital knows the advantages of smart, trimly tailored Goodall Bedspreads. Smooth, lint-free textures are woven with Angora Mohair to resist soil and wrinkles, to keep their beauty through years of use. Easy to launder, they cut your maintenance costs because they need fewer changes. Available in a wide variety of plain colors and textures.



GOODALL FABRICS, INC. • NEW YORK • BOSTON • CHICAGO • DETROIT • SAN FRANCISCO • LOS ANGELES





# To Give Your Surgeons New Hand Comfort

## *Specify* **ROLLPRUF**

### **PIONEER SURGICAL GLOVES**

Surgeons have told us time and again that Rollprufs have excellent qualities not found in other surgical gloves. Here are some of the reasons they like Rollprufs:

*Flat handed cuffs* — this exclusive Pioneer development stops wrists from rolling down during surgery — reduces tearing.

*Durable* — Rollprufs are processed to stand extra sterilizings, give you longer glove life for your money — yet they're sheer, offer added sensitivity to surgeon's fingers.

*Comfort-fit* — all Rollprufs, both latex and neoprene, are more comfortable, less tiring over periods of long wear.

*Pioneer Rollprufs* — are made of finest natural latex and of DuPont neoprene. Neoprene Rollprufs are made in the new hospital green color for easy sorting. Experience shows they are free of the dermatitis-inducing allergen sometimes found in natural rubber.

Adopted by many hospitals all over the country, Rollprufs are more for your money. Specify Rollprufs — insist on them from your supplier or write us. *The Pioneer Rubber Company, 750 Tiffin Road, Willard, Ohio.*



**Pioneer Skin Finish Rollprufs** — made of latex rubber, new skin soft texture. Non-slip fish on fingers adds remarkable new sureness to surgeon's touch. Flat-handed cuffs — no roll down.



**Pioneer Autopsy Gloves** — durable, comfortable, lightweight neoprene gloves. Non-slip finish for greater dexterity.

*See our complete Surgical Glove Catalog in Hospital Purchasing File.*

# PIONEER

## *Surgical Gloves*

★ The Result of Over 30 Years of Quality Glove Making ★

# WOOD .... Unmatched for Ease in Keeping Clean!



Wood is characterized by enduring strength, functional adaptability, and comparative lightness. In these qualities alone, we find in wood a superior material for Carrom furniture.

However, Carrom Wood Furniture offers much more . . . in qualities essential to good institutional service. Its smooth finish, which penetrates deeply into the pores of the wood, is easy to clean and keep clean. Superior craftsmanship and basically simple, clean-cut design combine to eliminate cracks, crannies and crevices which otherwise collect dust and dirt. All joints are smoothly and permanently fitted . . . for good

construction, good appearance and good housekeeping.

Still more is yours in Carrom-built furniture. Here is a product made exclusively for institutional use. By the extra care employed in selecting and seasoning hardwoods, forming posts, legs, bed stretchers and other vital parts from solid stock and fitting joints securely, Carrom gives you institutional furniture unmatched for serviceability.

Carrom Fine Wood Furniture, made by craftsmen who "build for the decades," will meet your every requirement.

**CARROM INDUSTRIES, INC. • LUDINGTON, MICHIGAN**

New York Office: 19 W. 44th St., Ralph Berg  
Chicago Office: 1503 N. Sedgwick Ave., James L. Angle

**CARROM FURNITURE CRAFTSMEN** *Build* **FOR THE DECADES...**



## LONG LASTING FINISH

Carrom Wood Furniture receives a hard, tough finish that penetrates into the pores of the wood, becoming a part of the wood itself. It will not chip off nor flake on impact with other objects and even a relatively deep scratch can be repaired and effaced. The original beauty of Wood is emphasized and retained to the highest degree.

# CARROM



**WOOD FURNITURE FOR  
HOSPITAL SERVICE**



*Martex*

*Fairfax*

towels • toweling • bathmats

**AND NOW**

**NEW** sheets and pillowcases

*Ability to withstand brutal wear and to give long, satisfactory life in hard service is true of both MARTEX and FAIRFAX cotton towels and toweling. These sturdy quality towels are woven especially to assure economy in use.*

*The same ability to withstand hard wear is also true of the new, lovely but durable FAIRFAX sheets and pillow cases.*

## "I've also learned MARTEX towels last a long time" —

It may surprise probationers that the lovely MARTEX towels they knew at home are woven to last a long time even under heavy duty hospital use.

But it is no surprise to hospital management that MARTEX towels are economical and sturdy. Records of length of towel life in use show that the plied yarn ground warp threads in MARTEX name-woven terry towels insure resistance to unusually hard wear.

It always pays to specify MARTEX on your purchase orders.




products of **WEST POINT MANUFACTURING COMPANY**

**WELLINGTON SEARS COMPANY**, selling agents


65 Worth Street, New York 13, New York

BOSTON CHICAGO DETROIT ATLANTA PHILADELPHIA SAN FRANCISCO LOS ANGELES NEW ORLEANS ST. LOUIS



  
 Acousti-Celotex ceiling  
 tile has quieted hallway  
 traffic in Cincinnati's  
 Children's Convalescent  
 Hospital.



  
 Even inside play-time  
 noise is effectively con-  
 trolled by modern Sound  
 Conditioning with  
 Acousti-Celotex.

## Hospitals make good patients too!

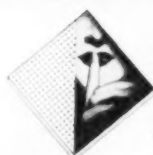
Thousands of hospitals have already responded favorably to treatment for unwanted noise. Some cases, of course, are more severe than others, but the symptoms are always the same: Retarded Patient Recovery, Rapid Staff Fatigue, Irritable Dispositions.

Your entire hospital staff, as well as the patients, can actually suffer from the effects of banging doors, clattering dishes, echoing footsteps, ringing bells and non-muted conversation. Routine hospital operation must naturally create many noises, but these sounds *can* be effectively muffled. Beneficial quiet replaces disturbing noise when modern Sound Conditioning soaks up unwanted noise.

Acousti-Celotex ceiling tile *immediately* quiets noisy hallways, wards, rooms and kitchens. Unwanted sounds are checked before they can pile up into a constant, irritating din. And this modern acoustical ceiling tile requires no special maintenance, *can be washed and painted repeatedly* without reducing its sound absorbent efficiency.

Your nearest Acousti-Celotex distributor will gladly diagnose and recommend treatment for your noise problem, absolutely free! Write today for his name and your free copy of the informative booklet, "25 Questions and Answers on Sound Conditioning." The Celotex Corp., 120 S. La Salle St., Chicago 3, Ill.

THE CELOTEX CORPORATION • CHICAGO, ILLINOIS

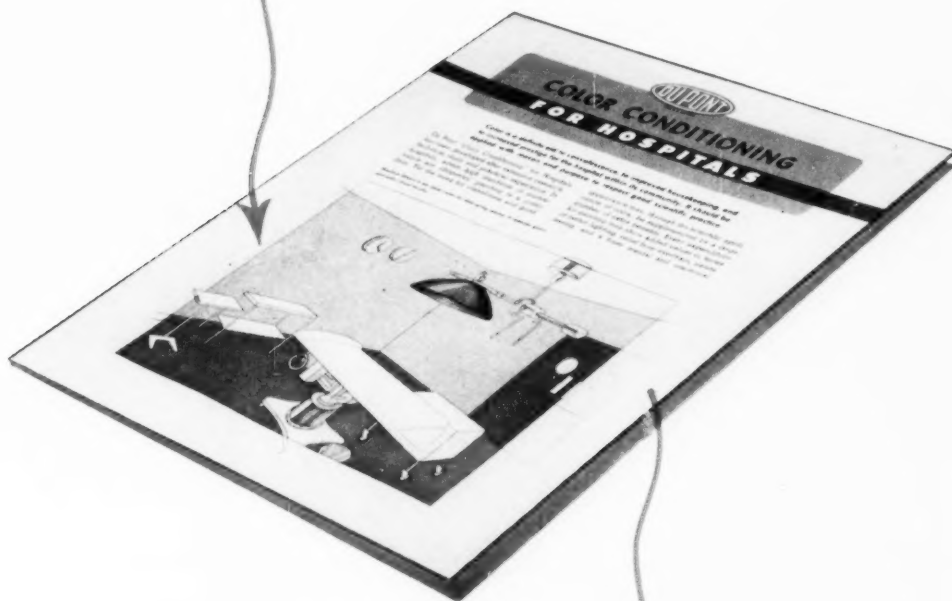


**ACOUSTI-CELOTEX**  
*Sound Conditioning*

PRODUCTS FOR EVERY SOUND CONDITIONING PROBLEM

# FREE

## New Folder Describes Complete Du Pont Color Conditioning Plan for Hospitals



Twenty years ago, Du Pont conducted its first major experiment in functional hospital painting. Now, the widespread acceptance of Du Pont Color Conditioning is a matter of record.

To provide a better understanding of the principles of this scientific painting plan, a new, illustrated folder has been prepared. It shows you how the correct use of light and color helps satisfy the psychological needs of patients . . . helps hospital personnel see better, feel better, work better.

Mail coupon today for your free copy of "Du Pont Color Conditioning for Hospitals."



BETTER THINGS FOR BETTER LIVING  
... THROUGH CHEMISTRY

### Send coupon today!

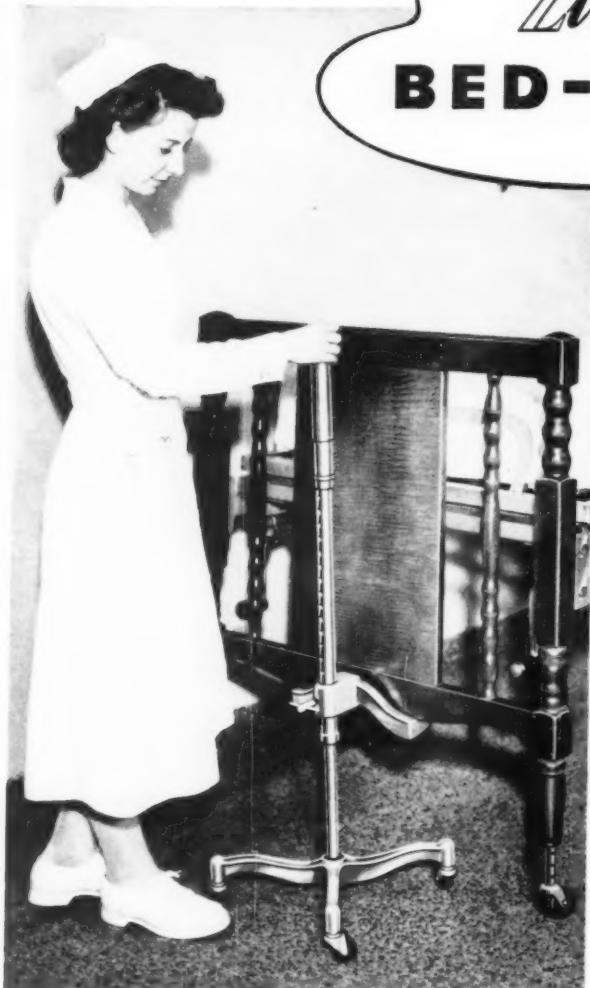
.....

• E. I. du Pont de Nemours & Co. (Inc.)  
 • Finishes Division, Dept. M.H.-910  
 • Wilmington 98, Delaware

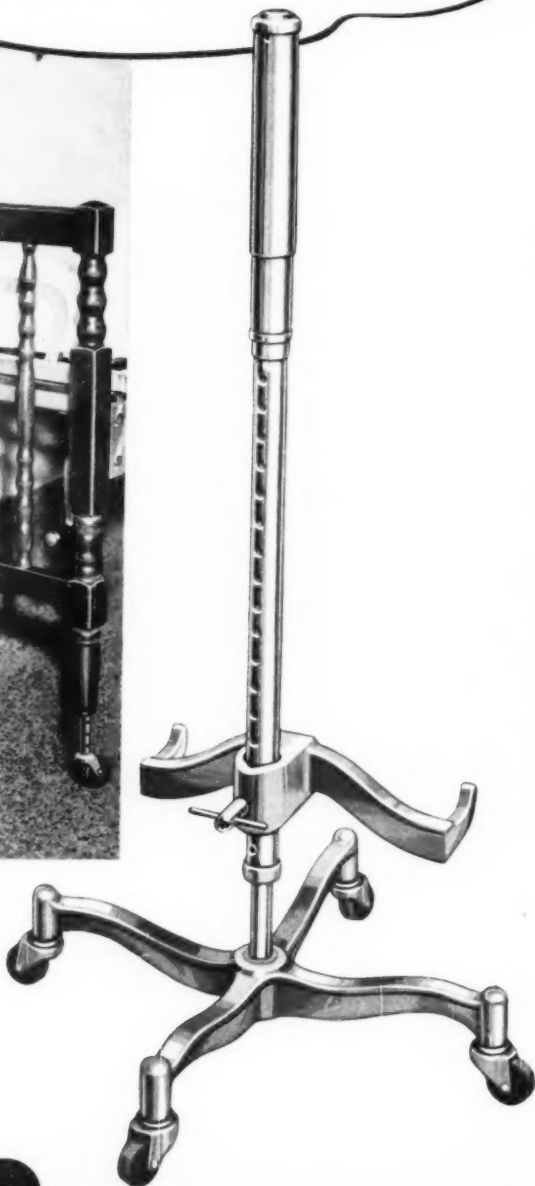
• Please send me, free of charge, your folder:  
 • "Du Pont Color Conditioning for Hospitals."

• Name \_\_\_\_\_  
 • Title \_\_\_\_\_  
 • Hospital \_\_\_\_\_  
 • Address \_\_\_\_\_  
 • City and State \_\_\_\_\_

# *Zimmer* **BED-LIFTER**



The Zimmer Hydraulic Bed Lifter operates simply by moving the plunger at top up and down. It lifts 1000 lbs. easily, and has a lift range of 18 inches. It weighs but 13 lbs. Send for complete data.



*Zimmer*

MANUFACTURING CO., WARSAW, IND.



# STATICATOR\*

- *Protects you against anesthetic explosions*



## *How the STATICATOR Works*

*An antenna wire from the STATICATOR is attached to the patient's mask. A ground wire is connected to the operating table and another to the gas machine. When any moving object produces a static charge, it is detected by the antenna wire and amplified many times to produce the warning signal. No complicated wiring; simply plug into any 110 volt, 50 or 60 cycle, AC outlet.*



*LISTED BY UNDERWRITERS LABORATORIES, Inc.  
REVIEWED IN MARCH, 1949 "ANESTHESIOLOGY"*

The newly-developed STATICATOR is an instrument for positively detecting the presence of static electricity in the operating room. The anesthetist can remove the object causing static disturbance, or warn the person causing the charge to either remain away from the operating area or touch a ground.

The STATICATOR is placed atop or adjacent to the gas machine, near the anesthetist at all times. When a static electrical charge approaches the area of anesthetic gas, a needle on the meter is deflected and an audible tone is produced. The anesthetist immediately hears this "buzzing" sound, yet it does not distract the surgeon.

Write for further information today.

*\* STATICATOR is the trademark of W. E. Anderson, Inc. to designate its instrument herein described. Domestic and Foreign patents applied for*

**PLAN WITH AMERICAN**  
*... the first name in hospital supplies*

**AMERICAN HOSPITAL SUPPLY CORPORATION**  
GENERAL OFFICES • EVANSTON, ILLINOIS

# DIHYDROSTREPTOMYCIN

## in *CRYSTALLINE* Form

*... now commercially available*

### Permits New High Standards of Purity and Potency

- Assay value of at least 725 mcg. per mg., as against the minimum of 600 mcg. per mg. established for the noncrystalline form.
- Unreduced streptomycin sulfate not more than 1 per cent, as against the maximum of 3 per cent established for the noncrystalline form.

Heyden, long an important factor in the development and manufacture of antibiotics, has recently expanded its facilities for streptomycin research and production. These expanded facilities enable Heyden to supply ample quantities of Crystalline Dihydrostreptomycin Sulfate at no increase in price over the noncrystalline form.

Available through your regular hospital supply dealer.

Write us at once for complete details and a sample of this product for your inspection.

*Biologics Division*

**HEYDEN CHEMICAL CORPORATION**

Executive Offices: 393 Seventh Avenue

New York 1, N.Y.

SUTURES IN ANCIENT SURGERY



*John of Arderne*

(1307-1390)

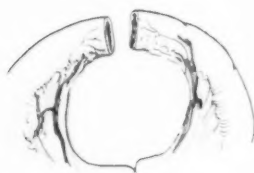
# SUTUREGRAM

NUMBER FIFTEEN IN A SERIES

## Anastamosis of Intestines



Serosa carefully cleaned of fat and mesentery for distance of one inch on either side.



For good blood supply—  
Mesentery preserved as  
peninsular to this area  
regardless of how much  
is cut away centrally

Ends to be sutured  
should not be de-  
vitalized by  
crushing clamps



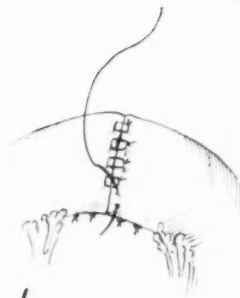
# SUTUREGRAM

NUMBER FIFTEEN (CONTINUED)

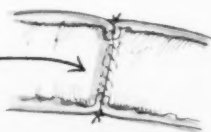
Mucosa approximated by small  
bite sutures 3-0 to 5-0



Serosa approximated  
by interrupted  
horizontal mattress  
silk suture 3-0



Lumen  
maximal



Cuff small

REPRINTS AVAILABLE UPON REQUEST



A leaflet on Anacap Surgical Silk on spools is now available on request.

*Now available on spools*

## **D & G ANACAP® SURGICAL SILK**

A non-capillary silk of exceptional tensile strength, outstanding for many years as a specialty suture with or without D&G Atraumatic® needles, Anacap Black Braided Silk is now available on spools, unsterilized, in lengths of 25 and 100 yards and in range of sizes from 6-0 to 5. Packed in a transparent plastic box, Anacap Silk is well protected from dust and dirt and may be readily sterilized by boiling or autoclaving.

## **D & G SUTURES**

"This One Thing We Do"



DAVIS & GECK, INC., 57 WILLOUGHBY STREET, BROOKLYN 1, N. Y.

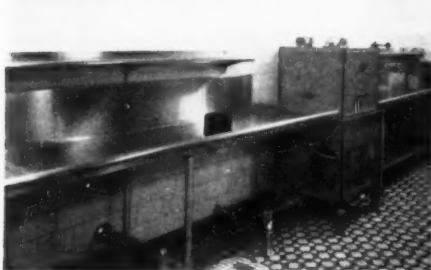
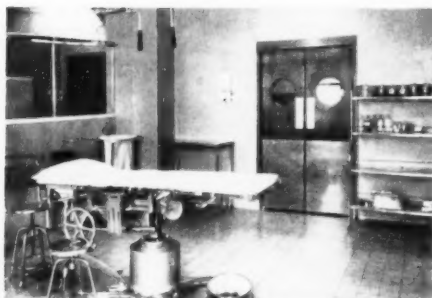
**JOHN OF ARDERNE (1307-1390)** — After a long training as a military surgeon in the Hundred Years' War, John of Arderne settled in Newarke and practised there from 1349 to 1370. He was a bold, masterful surgeon, being the first to devise a surgical cure for anal fistula, then generally regarded as incurable. His technique is the basis for the modern procedure. In this he controlled bleeding and alignment with his frenum cesaris, or four-stranded ligature, and removed the fistula with special instruments. His independent thought established him as the first great English surgeon.







## Superintendents are partial to Stainless



Admittedly, the first cost of Stainless Steel equipment is frequently somewhat higher than that of equipment made from other materials. But hospital superintendents have long recognized that because Stainless does so much more, does it so much better and lasts so much longer, it is often the cheapest material that can be used.

Superintendents value Stainless for its great contribution to maintaining asepsis, its ease of cleaning, its superior resistance to corrosion, and the aesthetic appeal of its shining, spotless surface.

But, most of all, superintendents are partial to Stainless for the *permanence* of all these advantages. Stainless Steel is a tough, durable material that stands up for years under the extremely severe conditions of hospital service. The result: almost negligible maintenance costs and virtually no replacements.

From kitchen to operating room . . . from instrument stands to elevator doors . . . it will pay you in the long run to specify Stainless Steel. And for the finest possible performance from Stainless equipment, make sure that it is U-S-S Stainless—a perfected, service-tested material that is uniform in composition, finish and fabricating quality.

AMERICAN STEEL & WIRE COMPANY, GENERAL OFFICES: CLEVELAND, OHIO  
 CARNEGIE-ILLINOIS STEEL CORPORATION, PITTSBURGH & CHICAGO  
 COLUMBIA STEEL COMPANY, SAN FRANCISCO - NATIONAL TUBE COMPANY, PITTSBURGH  
 TENNESSEE COAL, IRON & RAILROAD COMPANY, BIRMINGHAM  
 UNITED STATES STEEL SUPPLY COMPANY, WAREHOUSE DISTRIBUTORS, COAST-TO-COAST  
 UNITED STATES STEEL EXPORT COMPANY, NEW YORK



# U·S·S STAINLESS STEEL

SHEETS · STRIP · PLATES · BARS · BILLETS · PIPE · TUBES · WIRE · SPECIAL SECTIONS

UNITED STATES STEEL

# does **TALK** *work for you?*



It's never too early or too soon to plan *extra* good meals. For they influence patients and employees to talk enthusiastically about those meals . . . Just be sure to utilize the *extra* goodness of General Foods institution products, such as Jell-O, Log Cabin Syrup, and Post's Cereals. They're specially packed for quantity preparation. And almost all are packed with prize coupons! No wonder smart food buyers are specifying "General Foods" . . . particularly since now is the time to think about gifts for Christmas.



## Mail Your Prize Coupons For Xmas Gifts Before Dec. 1st

Here's the new and thrifty way to do your Christmas shopping early this year. Use your prize coupons, packed with most General Foods institution products, for all sorts of Xmas gifts. No matter how many coupons you've saved, there are large, medium, and small gifts available, some for as few as 70 prize points . . . from television and radio sets, to cameras and electric razors, to cigarette lighters and clocks. If you haven't a General Foods Prize Catalog, listing the hundreds of prizes, write for your free copy today.

To receive your selections in time for Christmas, be sure to mail us your prize coupons and gift choices *before* December 1st. General Foods Premium Dept., Battle Creek, Mich.



### Buy General Foods BECAUSE...

- a line of national favorites
- packed specially for quantity servings
- adequate service from coast to coast
- tested quantity recipes



TALK ABOUT GENERAL FOODS!

# WATER HEATING

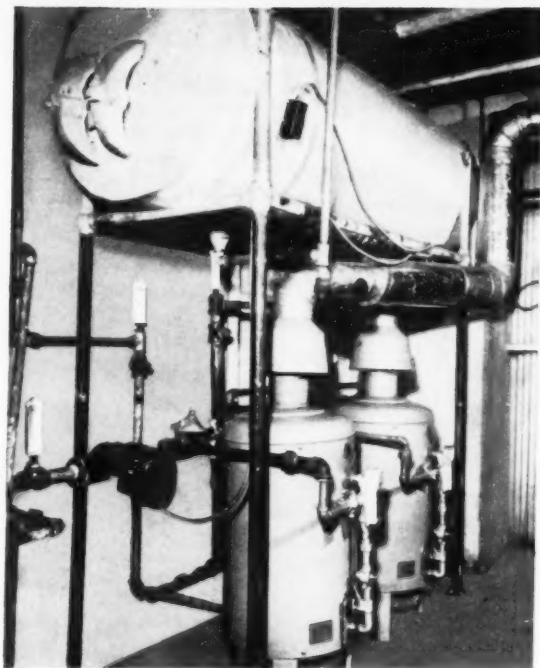
*Hot Water*

for

Cafeteria and  
Athletic Department

supplied by

SINGLE **GAS** SYSTEM



GAS Water Heating System which supplies hot water to main building

**PEAK DEMANDS** or off-peak loads never affect the supply of even-temperature hot water from the automatic GAS system in Central College's Main Building. Though the uses vary widely—for showers, wash-rooms, cafeteria dishwasher—and reach a peak of 200 gallons-per-hour, the flexible GAS Water Heating System fulfills all the requirements.

The installation at Central College is designed for a faculty and student body of less than 600. But it typifies the simplicity of equipment, and economy of operation, found in accurately-sized GAS Water Heating Systems.

Actually, volume water heating with GAS is the ideal method for any school, college, hospital, or institutional needs. Compact, efficient, automatic GAS Water Heating Systems are available in sizes for every volume water heating demand. Your Gas Company Representative will analyze your requirements—call him soon.



Central College of Iowa, Pella, Iowa

Photos courtesy of A. O. Smith Corp., Milwaukee,  
Mfrs. of SMITHway-BURKAY GAS Water Heaters

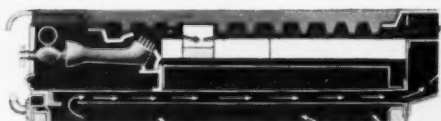


**AMERICAN GAS ASSOCIATION**

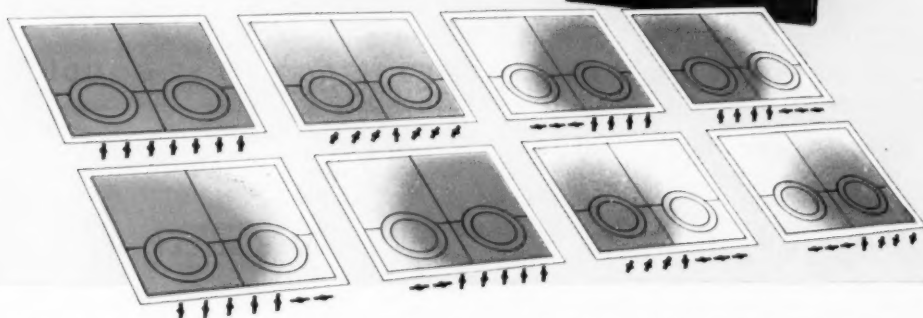
420 LEXINGTON AVENUE, NEW YORK 17, N. Y.

# GET GARLAND **THE LEADER!**

and you get  
**7 FRONT FIRED**  
top burners!



**Greatest feature on  
any heavy duty range!**



Garland gives you the heat you want—where you want it. For instead of two or four, Garland gives you seven individually controlled burners—all front-fired to distribute heat to every part of the cooking top.

With seven burners you get greater flexibility of heat control—an infinite number of heats on different parts of the top as you desire. Pictured above

are only a few of the heat variations you can get.

For greatest value, it pays to choose the leader! All Garland models are available in stainless steel and equipped for use with manufactured, natural or L-P gases. Consult your Garland Food Service Equipment Dealer. He is an expert advisor.



## GARLAND\* **THE TREND IS TO GAS**

FOR ALL  
COMMERCIAL COOKING

Heavy Duty Ranges • Restaurant Ranges • Broilers • Deep Fat Fryers • Toasters  
Roasting Ovens • Griddles • Counter Griddles

**PRODUCTS OF DETROIT-MICHIGAN STOVE CO., DETROIT 31, MICHIGAN**

\*REG. U. S. PAT. OFF.





**THEY'VE GOT TO BE GOOD!**

—to meet the durability requirements of Hospitals.

Huck and Turkish Towels (both plain and  
name woven) • Cabinet Toweling • Bath  
Mats • Damask Table Tops and Napkins  
• Corded Napkins

Consult your favorite distributor

**DUNDEE MILLS**  
INCORPORATED • GRIFFIN, GA.

Manufacturers of Famous Nationally Advertised

*Dundee Towels*

Showrooms: 40 Worth St., New York, N. Y.



# At Last! A REVOLUTIONARY COMMERCIAL VACUUM CLEANER by LEWYT



**FREE**

LEWYT CORPORATION, Vacuum Cleaner Division  
Dept. M-10, 60 Broadway, Brooklyn 11, New York

Send me free, detailed specifications of new Lewyt  
Commercial Cleaner.

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

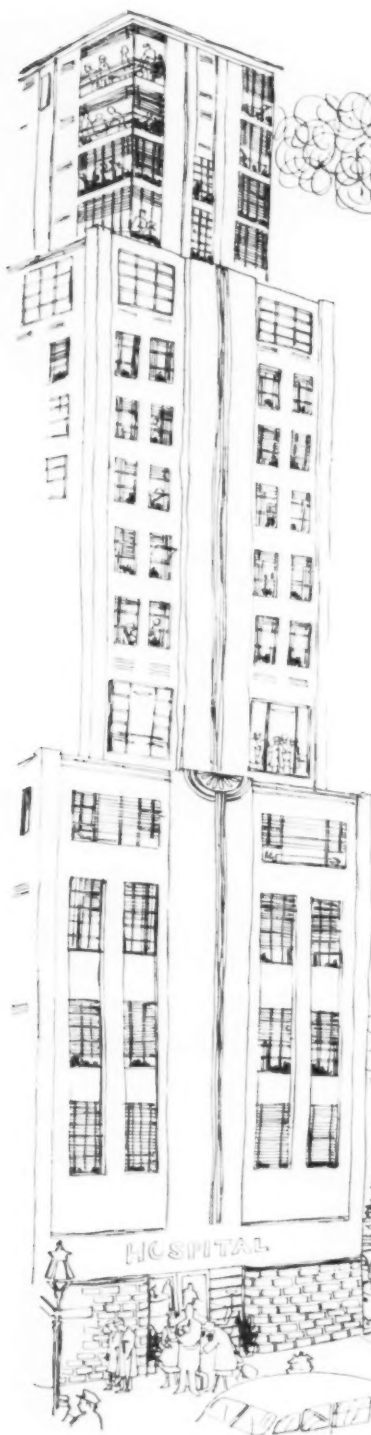
- IT'S QUIET—NO ROAR!
- NO UNHEALTHY LEAKING DUST!
- NO DUST BAG TO EMPTY!

*Sensationally new and different! Fills the demand for an all-powerful cleaner that's not TOO big, not TOO small! Knee-high...yet holds nearly a bushel of dirt! Built to stand-up under grueling work schedules! Light, super-portable—slashes labor and maintenance costs!*

- No disturbing roar! Work it 'round the clock!
- Unhealthy dust can't escape—it's filtered 4-ways!
- New "Energizer" automatically maintains full cleaning power!
- No. 80 Carpet Nozzle outcleans every other rug cleaner tested!
- Highly maneuverable! Cuts cleaning time! Saves labor!
- No dust bag to empty—smooth metal bowl empties like ash tray!
- Heavy-duty  $\frac{3}{4}$  HP AC-DC motor—never needs oiling!
- 36-ft. cleaning range from one outlet! Non-kink rubber hose!
- Lock-seal tubes—can't lose suction or come apart in use!
- Suction-sweeps bare floors, too! 5 all-purpose attachments!
- Rolls on silent casters—anybody can operate it!
- Sensationally low-priced! Fully guaranteed! Service-free!

**LEWYT**

Since 1888, makers of fine precision equipment!



# From A to Z

## WHATEVER YOUR CLEANING NEEDS — ARMOUR HAS THE RIGHT SOAP FOR YOU

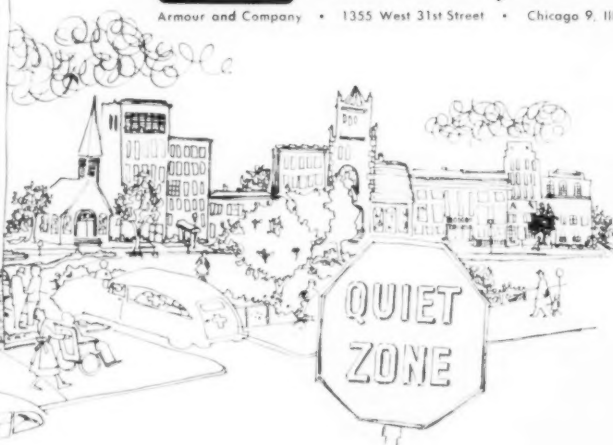
Attractive coffee shops, diet kitchens, .....	No. 122 Synthetic Detergent
Blankets and bedspreads .....	Royal Flakes
Colors (fabrics, draperies, etc.) .....	Hilo Powder
Dishes and glasses .....	Royal Flakes
Enamel and porcelain ware .....	Sail Soap
Floors .....	Triumph Synthetic Detergent
General cleaning .....	No. 122 Synthetic Detergent
Halls .....	Hospital Green Soap
Interior lobbies, waiting rooms .....	Liquid Scrub Soap
Just for the pharmacy .....	Armour's Glycerine
Kitchen .....	Lighthouse Washing Powder
Linoleum .....	H. G. Vegetable Oil Soap
Mirrors .....	Regal Synthetic Detergent
New-looking whitework .....	Flint Chips
Ordinary pots and pans .....	Topaz Chips
Patient's personal soap .....	Dial Antiseptic Toilet Soap
Quality linens .....	Flint Chips
Rugs .....	Texsecur Flakes
Surgical Scrub-up .....	Formula No. 99 Antiseptic Soap
Tile and terrazzo surfaces .....	Energetic Detergent
Upholstery .....	Regal Synthetic Detergent
Varnished, waxed floors .....	Lustro Oil Soap
Woodwork and walls .....	Hospital Green Soap
Xtra heavy laundry .....	Giant Powder
Your washroom dispensers .....	Liquid Hand Soap
Zinc and marble surfaces .....	H. G. Vegetable Oil Soap

Yes, from solarium to basement, there's a quality Armour Soap for your every cleaning job

**ARMOUR**

*Industrial Soap Division*

Armour and Company • 1355 West 31st Street • Chicago 9, Illinois



# American

*Modernized the Laundry  
Dept. at 75-Bed Orthopaedic  
Hospital, Los Angeles*



In bright, spacious laundry department, are two NORWOOD CASCADE Washers, left. 4-Roll STREAMLINE Ironer, right, irons all linens.



American Extractor, right, removes water from washed work. Pieces not to be ironed, go to ZONE-AIR Drying Tumblers, left.



All uniforms and staff's personal apparel are neatly ironed on this SUPER-ZARMO, SUPER-ZARMOETTE Press Unit.

## *Problem*

To insure efficient operation of expanded facilities from the start, Orthopaedic Hospital decided to modernize the laundry department first. Question: What size and type equipment to install?

## *Solution*

Hospital called in our Laundry Advisor. He carefully analyzed present and anticipated requirements. Based on his findings and experience, he submitted recommendations and a suggested laundry layout. Latest, cost-reducing machines were installed in a new building.

## *Results*

Plentiful flow of sterile-clean linens meets all requirements of increased hospital facilities. Laundering quality is outstanding. Equipment requires less operator effort; working conditions are improved.

Large or small hospitals may obtain the service of our Laundry Advisor, without cost or obligation. **WRITE TODAY.**

*Remember*

*Every Department of the Hospital Depends on the Laundry*

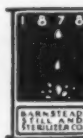
Your hospital will benefit by selecting from American's complete line of most advanced & productive hospital laundry equipment.

**THE AMERICAN LAUNDRY MACHINERY COMPANY**

CINCINNATI 12, OHIO



THERE'S A



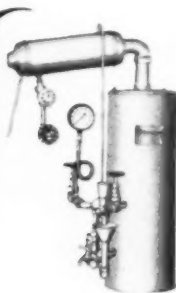
TRADE MARK REG. U.S. PAT. OFF.

# Barnstead Still

FOR EVERY HOSPITAL NEED

for  
PURE  
DISTILLED  
WATER  
at  
Point  
of  
Use

Doctors, Nurses, Technicians and Pharmacists find it so convenient to have Barnstead Pure Distilled Water at point of use. For Barnstead manufactures over 200 different styles and sizes of stills . . . a still for every hospital use . . . so that you have pure distilled water of constant, unvarying quality . . . where you need it . . . when you need it . . . and in whatever quantity you require. And in every model you get Barnstead unmatched dependability in providing the purest distilled water economically and with a minimum of maintenance. Write today for Bulletin 116—Barnstead's Special Hospital Catalog.

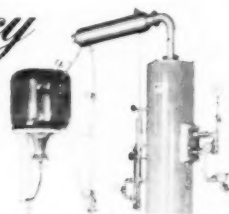


## Laboratory

Illustrated at left is Type Q single still producing two gallons per hour of distilled water free from organic and inorganic solids, bacteria and dissolved gases. It is water of the highest purity that can be obtained from a single distillation. Ideal for laboratory and research work.

## Pharmacy

In the Pharmacy most hospitals use the Barnstead Type Q still, model SMQ-5V, producing 5 gallons of pure distillate per hour. A valuable accessory is the Pyrex Storage Tank for either collecting or dispensing water. Easy to keep clean and sterile. Fitted with Pyrex stopcock and distillate inlet. Capacity — 12 gallons.



## Central Supply

In the Central Supply where there is greater continuing demand for distilled water most hospitals now use the Barnstead Type Q Single Still. Shown here is a 10 gallon per hour model used with 12 gallon Pyrex Tank, or with metal tanks of larger capacity as required. Other Type Q Stills with 15, 20 and 30 gallon per hour capacity.

And for hospitals that prefer multiple distillation, Barnstead offers a complete line of double and triple stills. Illustration at right shows 20 gallon per hour triple still with 100 gallon storage tank.



TRADE MARK REG. U.S. PAT. OFF.

# Barnstead

STILL & STERILIZER CO.

31 LANESVILLE TERRACE, FOREST HILLS, BOSTON 31, MASS.

YOU CAN BE SURE.. IF IT'S

Westinghouse



*Practical  
Compact  
Convenient!*

**THE WESTINGHOUSE  
SUPERFICIAL THERAPY  
TABLE**

Combining treatment and examination facilities in one highly flexible unit, the Westinghouse Superficial Therapy Table utilizes office space to the best possible advantage. This compact unit requires only 19½" x 42" actual floor space when not extended and makes full use of the area below the table top for storage.

Ideally suited for use with the Westinghouse wall-mounted "Theraflex" unit, the table can also be combined with existing equipment. The adjustable back, seat and leg sections provide comfort for the patient in any required position.

The washable table-top covering (DuPont Cavalon)

and the convenient paper roll attachment assure cleanliness for each patient.

For full details concerning this convenient and flexible table unit, call your local Westinghouse X-Ray Specialist today. Or write Westinghouse Electric Corporation, P. O. Box 868, Pittsburgh 30, Penna.

J-08219

**Westinghouse**  
**X-Ray**



**It's U.S.A.**  
for the highest  
standard of living

— and that means confidence in  
everything our country stands for  
... in the American way  
of doing things ... in our way —  
the best way — of life.



**It's U.S.I.**  
for the highest  
standard of quality



— and that means confidence in *U. S. I. pure  
alcohol U. S. P.* ... in U. S. I.'s strict adherence  
to rigid standards of purity ... in U. S. I.'s  
ability to satisfy your alcohol requirements  
promptly, dependably.

U. S. INDUSTRIAL CHEMICALS, INC., 60 EAST 42ND STREET, NEW YORK 17, N. Y.

**U.S.I. PURE ALCOHOL U.S.P.**

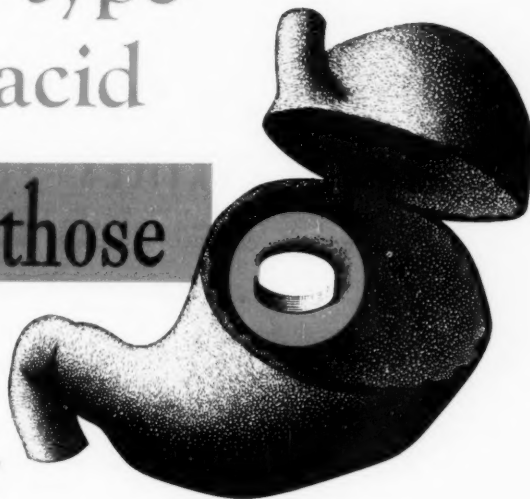
*Partner in Medical Progress*



# New type antacid

## Carmethose

### for better management of peptic ulcer



#### Carmethose gives prolonged control with no adverse effects

Carmethose promptly lowers gastric acidity, and its protective tenacious coating has been observed in the stomach for as long as three hours.<sup>1</sup>

Adult dose is 2 to 4 tablets or teaspoonfuls 4 times daily between meals.

**Carmethose Tablets:** sodium carboxymethylcellulose, 225 mg, and magnesium oxide, 75 mg. Bottles of 100

**Carmethose Liquid:** 5% concentration of sodium carboxymethylcellulose. Bottles of 12 oz.

**Ciba**

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

CARMETHOSE—Trade Mark

2/1504M

#### Advantages over adsorbent gels:

1. *Non-constipating*—hydrophilic gel promotes normal elimination.<sup>1, 2</sup>
2. *Reduction of acidity in two ways*—prompt action by ion exchange is followed by classical buffering action.
3. *Palatable*—small, easily swallowed tablets and pleasantly flavored liquid—preferred by patients.<sup>2</sup>

#### Advantages over soluble alkalis:

1. *No acid rebound*—effectively inhibits acid-pepsin activity, with no secondary hypersecretion.
2. *Protective coating*—mucin-like gel is rapidly formed and clings to ulcer crater and gastric mucosa.
3. *Non-systemic*—cannot disturb acid-base balance because it is non-absorbable.

1. Beck, I. B.; Amer. J. Dig. Dis., In Press 2. Boston, Spelling & Nicholas; Scientific Exhibit #1112, A.M.A., Antacid Session 1949

# HOSPITAL TEXTILES *Exclusively*

## A COMPLETE AND VARIED ASSORTMENT OF *Specialized* TEXTILES FOR HOSPITALS

### SHEETS, SHEETINGS AND PILLOW CASES— DEPARTMENT DS

Rhodesa Bleached and Unbleached Sheets, Sheetings and Pillow Cases.  
Hercules Bleached and Unbleached Sheets, Sheetings and Pillow Cases.  
Atlas Unbleached Draw Sheets and Sheetings.  
Suprex Unbleached Draw Sheetings.

### LINENS—DEPARTMENT DL

A great variety of Table Damask, Napkins, Tray Cloths, Scarfings, Tops and Scarfs in white and colors.

### BEDSPREADS—DEPARTMENT DQ

Pioneer Crinkle Bedspreads.

Star P-K Hospital Bedspreads.

And other styles suitable for hospital use, in white and colors.

### RUBBER—DEPARTMENT DR

Hospital Rubber Sheeting in various widths, colors and grades.  
Plastic Pillow Protectors.  
Plastic Mattress Covers and Shower Curtains.  
Plastic by the yard.

### TOWELS AND TOWELING— DEPARTMENT DT

Huck and Turkish Towels.  
Name Woven Towels.  
Wash Cloths.  
Dish Cloths.  
Crash and Glass Toweling.  
Bath Mats, and Rugs.

### GOWNS AND GARMENTS—DEPARTMENT DG

About 75 styles and grades of Patients' Gowns, Surgeons' and Nurses' Gowns, Children's and Infants' Gowns, Operating Suits. Made in our own factory.

### ALSO BINDERS:

Male and Female T Binders.  
Abdominal Binders (Plain and Tab).  
Breast Binders.  
Scultetus Binders.  
Surgical Stockings.  
Glove Envelopes.  
Adjustable Surgeons' Caps.

### BLANKETS—DEPARTMENT DB

A complete assortment of blankets for every conceivable hospital purpose, including the specially designed Colossus Hospital Blankets. Blankets for staff, nurses' and employees' use; for private rooms and wards, for operating rooms, ambulances and porches; bath, ether and inexpensive utility blankets.

### DRAPERIES—DEPARTMENT DD

Scrim and Marquisettes, which can be furnished either in the piece or in the form of made-up curtains.

A complete line of drapery fabrics in prints and solid colors.

### MISCELLANEOUS— DEPARTMENT DM

Carpets, Carpeting and Rugs—special qualities for institutional use in a large variety of colors and patterns.

Miscellaneous Piece Goods of all kinds: Bleached and Unbleached Muslins, Twill, Denim, Ticking, Laundry Mangle Cloths, etc.

Softdown Bird's-Eye Diaper Cloth and Hammed Diapers.

Flannels and Table Felts.

Mattress Pads and Padding.

Mattress Covers.

Pillows—All Kinds.



### SALES REPRESENTATIVES FROM COAST TO COAST



Between salesman's visits, just pick up the phone and call PHILADELPHIA . . .  
WALNUT 2-8922 and don't hesitate to reverse the charges whether inquiring or ordering.

# Rhoads & Company

PHILADELPHIA

SPECIALISTS IN HOSPITAL TEXTILES SINCE 1891

# Small Hospital Questions

## Testing Program Advisable

Question: Is it advisable for a small hospital to set up a testing program for purchases?—A.M.H., Ill.

ANSWER: To some extent a testing program for purchases in a small hospital is a necessary procedure. Careful and complete periodic inventories, consisting of a full count and valuation, are needed by virtually all business concerns, whether or not a continuous book inventory system is in effect.

The elapsed time between inventories would vary greatly according to circumstances. An inventory at the close of a fiscal period would be a minimum requirement consistent with sound management and accounting. Various other systematic, irregular or check inventories may be indicated for specific reasons.—A. A. AITA.

## Who Pays for Costly Drugs?

Question: What do you do about expensive serums for free cases—those coming into the accident ward or the patient already in the hospital who requires serum for gas gangrene?—M.T., Iowa.

ANSWER: It has been said recently with considerable logic that "there is no such thing as free hospital care; somebody always pays."

In the case of patients admitted in the emergency department, where responsibility for payment of charges is not fixed, as is so often the case, the hospital is likely to get stuck with the bill in many instances since obviously the appropriate treatment must not be withheld from such patients on account of possible expense.

Under these circumstances, however, the hospital is justified in taking several steps to protect itself. These include making every reasonable effort to collect charges from the patient or from members of his family; making certain that public or private charitable agencies in the community assume whatever responsibilities they may have in such cases.

Since the fact remains that many such charges are not paid by the patient or by any such agencies, however, the hospital is always well advised to ask the community at large for funds to defray the cost of emergency and other non-paying patients whose care is not clearly a fixed responsibility.

Such funds are frequently given for dispersal at the discretion of the hospital administrator or of the trustees and are then available for serums and other expensive care needed for these patients.

## Increase to Meet Rising Costs

Question: Should one hospital in a community increase its charges to meet rising costs, or should it stay in line with other hospitals and keep rates down—with possible serious later results?—G.J.M., Neb.

ANSWER: Naturally, a better feeling for hospitals generally will result when all the institutions in a community work together cooperatively in establishing comparable charges for comparable services. However, this factor should not deter a hospital that can justify a rate increase on the basis of its own experience from taking the necessary action, even though others may not wish to go along. These matters are generally resolved most satisfactorily in areas in which hospital groups work together in a regularly constituted area hospital council or association.

## Staff Members on Board

Question: Should the board of trustees of a hospital number among its members doctors who are members of the staff?—G.M.M., Ill.

ANSWER: It is held by most authorities that the board of trustees should not include doctors who are members of the medical staff for the reason that the physician may then be a member of a body that may be in the position of having to rule on his own work or that of his professional associates.

"The most important reason that doctors and dentists should not be hospital

trustees," one authority\* has stated, "is that the hospital is their workshop. The working relationship between medical staff and hospital board is usually established through either a joint committee or a medical advisory group appointed by the board from the staff."

"However, some boards function very well with physicians as trustees. In these instances, members of the medical staff do not feel that the physician-trustee has an unfair advantage over them."

\* Davis, Graham L.: Hospital Organization and Functions, The Modern Small Hospital and Community Health Center, Chicago: The Modern Hospital Publishing Company, Inc., 1946.

## Ethics of Consultations

Question: We have been trying to encourage consultations among members of our medical staff in surgical and obstetrical cases. Recently, it has been brought to the attention of some of our board members that the reason some physicians resist this effort is that they are afraid of "losing the case" when they call another physician in consultation. What can be done about this?—L.R.H., Ore.

ANSWER: The conduct of any physician called in a medical consultation is carefully and specifically governed by the "Principles of Ethics" of the American Medical Association. Among ethical physicians there is no possibility of the attending physician "losing the case" to the consultant. Any instance in which this has occurred is a plain violation of the principles and should be called to the attention of appropriate authorities in the local medical society.

As a matter of fact, the "Principles of Ethics" also specifies that it is the duty of the physician to report unethical conduct by another physician; in such a case, therefore, the staff member who has lost the case is not only permitted, but duty bound to report the unethical conduct of his colleague.

Possibly the way to deal with this situation generally without making it personal and controversial would be to suggest that the "Principles of Ethics" be reviewed and discussed at one of the hospital's regular staff conferences. This would be particularly appropriate right now since these principles have recently been revised as reported in the *Journal of the American Medical Association* for July 23, 1949.

Conducted by Jewell W. Thrasher, R.N., Frazier-Ellis Hospital, Dothan, Ala.; William B. Sweeney, Windham Community Memorial Hospital, Willimantic, Conn.; A. A. Aita, San Antonio Community Hospital, Upland, Calif.; Pearl Fisher, Thayer Hospital, Waterville, Maine, and others.

NOW! **ONE** NEW material replaces 4



The First and Only True, Non-Woven, All-Cotton Felt

## Curity ORTHOPEDIC BANDAGE

There is no other material like it! This revolutionary bandage material, a new non-woven, all-cotton felt long believed impossible to manufacture, is considered indispensable by surgeons

who have used it experimentally. The fabric in this new bandage is an entirely *new material*—developed after years of testing and research by The Kendall Company.

### MANY ADVANTAGES FOR USERS

1. **Strength**—holds together, wet or dry.
2. **Conformability**—adjusts to body contours, no wrinkling.
3. **"Cling" or Cohesiveness**—adheres to itself, cannot delaminate.
4. **Elasticity**—provides valuable support; not just bulk.
5. **Ease of Application**—simple, quick, lint-free.
6. **Smooth, yet Non-skid**—ideal surface over which to apply plaster.
7. **Durability**—does not wad or bunch up under cast.
8. **Absorbency**—skin condition is protected... does away with many skin problems.
9. **Porous**—feels snug, yet "live"—air can circulate.
10. **Easy to Cut**—cast removal is an easy, clean job.
11. **Non-shrinkage**—does not get tighter after moistening.
12. **No Waste**—odd lengths can be used for padding, stay where placed.

### Time and Moneysaving Uses:

- rectal dressings • eye pads
- colostomy care • fluffs
- bandaging • sponging
- vaseline dressings
- many other uses in Out-Patient and Emergency Departments

Ask Your Curity Representative To Demonstrate . . .

A product of

**BAUER & BLACK**

Division of The Kendall Company, Chicago 16

RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

**Curity**  
REG. U.S. PAT. OFF.



Shown above: Simmons Hospital Room No. 71. Color Scheme No. 7201 Dusty Rose with Shell. Self-Adjusting Bed, H-517-L-195; Dresser Base, F-180-3, with Mirror FM-62; Bedside Cabinets, F-480-F; Arm Chair, F-763; Chair, F-711; Footstool, F-909-R; Single Pedestal Overbed Table F-882.



This cleverly designed overbed table can be lowered to 29 $\frac{1}{2}$  inches for use by patient in chair. Maximum height of overbed table is 44 $\frac{1}{2}$  inches. Double hinged top permits use from either side of bed. Easily removed inset tray provides space for toilet articles, writing materials and other patient necessities. Order No. F-882.

Display Rooms: Chicago 54, Merchandise Mart Plaza  
New York 16, One Park Avenue  
Atlanta 1, 353 Jones Avenue, N. W.  
San Francisco 11, 295 Bay Street

## *Simmons skill works magic*

**-in Color, Comfort and Steel**

There's magic in this new hospital room ensemble... in its soft, soothing colors to help restore health faster... in the way its mechanical features provide greater comfort and convenience for patients—less work for doctors and nurses. And there's magic in the way sturdy steel construction resists wear... defies fire!

The bed is Simmons famed Self-Adjusting Model that helps patients help themselves. The ingenious overbed table serves as table, book rest and vanity! The new Simfast finish in Dusty Rose with Shell resists damage from spilled liquids, medicine, heat and cold.

Here is beauty, convenience and long life to satisfy the most practical hospital administrator.

*Metal furniture and sleep equipment for every hospital need.*



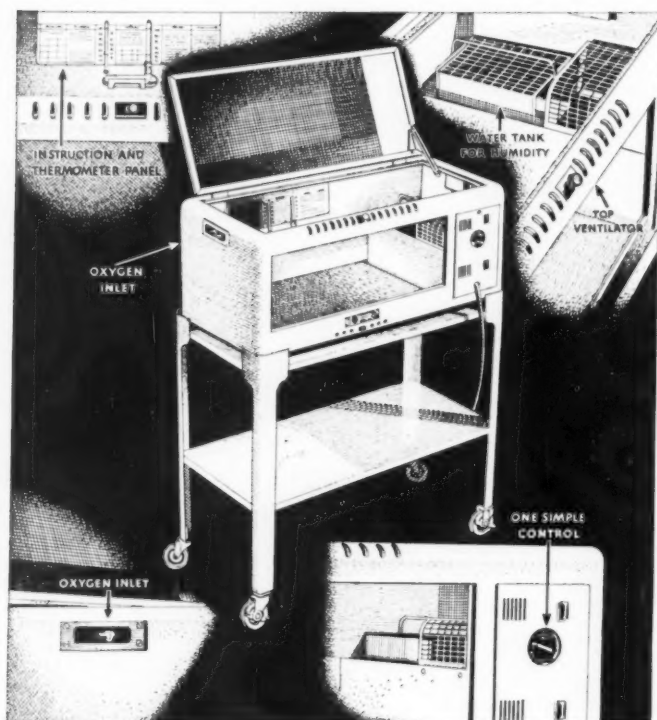
Write for new catalog  
of Simmons' complete  
line of hospital equipment.

*Simmons Company*

**Hospital Division**



## ARMSTRONG X-4 BABY INCUBATOR



The Armstrong X-4 Baby Incubator is a SIMPLE, SAFE, "HARD WORKING" welded-steel model for everyday use. And it is still LOW IN COST—Low In Cost to buy, to operate and to maintain.

These facts attest its world wide acceptance. Close to 8000 now in use, from South Africa to Iceland, and almost 900 hospitals originally ordering 2200 Armstrong X-4 Baby Incubators have, after using them, mailed repeat orders for 3300 more.

If you want safety, reliability, low cost and simplicity, write today for descriptive bulletin and price. Shipment from stock.

1. Low cost
2. Underwriters' Laboratories approved
3. Accepted by American Medical Assoc.
4. Simple to operate
5. Only 1 control dial
6. Safe, low-cost, heat
7. Easy to clean
8. Quiet and easy to move
9. Ball-bearing, soft rubber casters
10. Fireproof construction
11. Excellent oxygen tent
12. Welded steel construction
13. 3-ply safety glass—no plastics
14. Full length view of baby
15. Simple outside oxygen connection
16. Night light over control
17. Bath F. and C. thermometer scales
18. Safe locking top ventilator
19. Low operating cost
20. Automatic heat and humidity control
21. No special service parts to buy

### AND

The Armstrong X-4 Baby Incubator was the FIRST Baby Incubator to carry all three of these "awards"—

1. Tested and approved by Underwriters' Laboratories, Inc.
2. Accepted by the Council on Physical Medicine, American Medical Association
3. Tested and approved by Canadian Standards Association

For about four years, it was the ONLY Baby Incubator carrying Underwriters' Laboratories, Inc. approval . . . thereby setting new standards of safety and operating simplicity in this field.



Underwriters' Laboratories, Inc.



American Medical Assoc. Canadian Standards Assoc.

## THE GORDON ARMSTRONG COMPANY, INC.

Division DDI • Bulkley Building • Cleveland 15, Ohio

Distributed in Canada by INGRAM & BELL, LTD. • TORONTO • MONTREAL • WINNIPEG • CALGARY • VANCOUVER

COPYRIGHT 1965 THE GORDON ARMSTRONG CO. INC.





# Looking Forward

## Tom-Toms or Truth?

**L**AST MONTH in this magazine, *The Modern Hospital* presented the views of twenty-five carefully selected hospital leaders on a dozen subjects of major interest and importance in the field today. As one might have expected, the opinions reported reflected a wide range of thought on nearly all the topics covered. In one or two instances, however, the emergence of nearly unanimous opinion may be significant.

Practically all the administrators in this group, for example, see losses on indigents as the principal cause of the financial crisis they think voluntary hospitals are facing. How this problem might be solved was not made clear in the answers, but the feeling is strong that voluntary hospitals cannot survive as independent enterprises unless they receive full cost payments for the indigent and medically indigent patients they are expected to care for under the present system.

One or two administrators, however, have suggested that public education is a necessary part of any solution to the indigent problem—a method that might be developed into a national program. A nationwide publicity campaign explaining how voluntary hospitals are subsidizing local governments and taxing the sick to stay in business should accomplish at least as much as campaigns featuring the Aren't-doctors-and-hospitals-simply-marvelous theme that has been so popular in recent years. Furthermore, if properly followed up by hospital action with local agencies, such a national publicity program would unquestionably do more to forestall an unsatisfactory socialistic solution than all the pictures and slogans and speeches telling how wonderful the voluntary system is.

That some more effective method of demonstrating

the advantages of voluntary hospitals needs to be found is perhaps suggested in the answers on another question in the survey: Most of these hospital leaders think we are going to get compulsory health insurance in the United States, though there is disagreement on how soon it will come and nearly all believe that it will be a bad thing.

There are two ways of meeting this situation. One is to assume the public is dumb and keep on beating the tom-toms. The other is to assume the public is smart, explain what is wrong with the present system and ask for the help that is needed to make it right. Hospital and medical leaders and their public relations advisers must decide which course to follow. For whatever it is worth, the opinion of this particular group seems to be that the tom-tom method will ultimately fail.

## Sunset and Common Cause

**H**OSPITALS in Minneapolis have announced their sponsorship of an extensive study aimed at determining whether improved service and lower costs can be achieved through cooperative action or merging of certain hospital activities. The study will be conducted by an experienced research organization aided by public health agencies; the decision to undertake the project followed lengthy discussions of hospital problems by administrators and trustees who became concerned with the necessity for finding some way to reduce costs without lowering standards of service.

According to the announcement, the study will investigate the advisability of centralizing such functions as laboratories, pharmacy, laundry, purchasing and other activities now carried on by hospitals individually. It

will also develop a master plan for hospital expansion, so that individual hospitals can map out their future building programs in accordance with community needs without risking unnecessary duplication of facilities.

By carrying a step further the good work that is being done in other communities with strong hospital councils, the Minneapolis group is supporting the voluntary method in the best possible way—by trying to make it work better. As revealed in the report of the Commission on Hospital Care three years ago, the only serious flaw in the voluntary hospital system is the fact that it isn't a system. The integration of services that is needed to fill gaps and eliminate waste can obviously be achieved only when hospitals are willing to work together and, if necessary, relinquish some of their individual ambitions in the interest of the common good.

The Minneapolis study may prove, of course, that some of the promised economies are more apparent than real. Whatever the specific results, however, the study itself is a wholesome, encouraging sign. Hospitals that are not taking part in council and association activities are not doing their share today. In the hospital world as elsewhere, the rugged individualist has had a great day, but it is getting late.

### Potent Regulator

THE corporate structure of the voluntary hospital and the legal relationship between the hospital board and medical staff underlie the specific points at issue in most board-staff problems. As an executive appointed by the board, the administrator is invariably involved in such situations, his position complicated by the fact that to do his job well he must enjoy the confidence and respect of the medical staff.

Many of the basic facts of the board-staff relationship are made clear in the case of the Olean General Hospital at Olean, N.Y., where a physician who was dropped from the staff sued the hospital, alleging "arbitrary and confiscatory action" by a "public corporation." Reversing the judgment of a lower court which found for the physician, the Court of Appeals rendered a decision with which all hospital administrators and trustees should be familiar.\*

First of all, the Court made the distinction between a true public corporation, owned and operated by the state, and a voluntary hospital—a private corporation to which the state grants certain privileges, such as tax exemption, as a matter of public policy. "That [hospitals] are engaged in charitable work for the benefit of the public and thereby affected with a public interest does not make them public corporations," the Court stated. "The fact that they may receive a donation from the government to enable them to carry on their work, or funds from a city or county to care for sick and disabled indigent persons does not affect their character as private institutions."

The Court then considered whether the plaintiff

physician had any vested right to use the property of this private corporation, the hospital, for his own gain, and whether a court of equity had any jurisdiction permitting it to intervene in the management of the hospital so far as to give the plaintiff redress for what he claimed were "arbitrary and capricious acts" of the trustees. The answers emerge clearly in the decision: "The law does not require a corporation like defendant to furnish its services and accommodations to everyone who applies, whether patient or physician . . . nor do we deem it illegal discrimination depriving a person of his rights if from a large number of physicians [the management] selects members of its visiting staff with regard not only to their medical skill, but to their adaptability to the rules and discipline of the institution," the Court declared, disposing of the "vested right" concept.

On the management responsibilities of hospital directors or trustees, the decision is equally plain: "The selection and retention of physicians to treat patients admitted to the hospital are matters of judgment and discipline. The power to appoint usually implies the authority to remove. In common experience instances are not unusual where some physician disagrees with hospital management. . . . We think the directors may bring the inharmonious conditions to an end by summary action. They are not required, in our judgment, to give notice and conduct a trial in every such case. . . . If, in every detail of management involving the relation of the hospital with the physician and patient, they have no power of final decision but must be guided and directed by orders and judgments of the court therein, then their duties are little more than perfunctory."

Stating a concept that holds the board, and consequently the administrator, solely responsible for the operation of the hospital, the Court pointed out that "The management of such corporations is given by law to the board of directors. . . . Their duties are similar to those of directors of other corporations and similar principles apply. . . . Directors hold office charged with the duty to act for the corporation according to their best judgment, and they cannot be controlled in the reasonable exercise and performance of such duty. They have wide discretion in determining policies, and its exercise in a given matter is not subject to review by the court unless there is clearly error in the performance of a legal duty. Equity will not attempt to correct errors of judgment, for courts have nothing to do with the internal management of corporations in the absence of fraud or bad faith."

In conclusion, the Court indicated where final authority for hospital affairs must always rest—a basic fact that should never be overlooked by trustees, administrator or staff members in the settlement of their problems. "The usual remedy for persons dissatisfied with the internal management of corporate affairs is to elect a new board of directors. If the acts of the directors are generally regarded as arbitrary and unjust, contributions, without which the hospital cannot operate, will be withheld; and public opinion, the most potent regulator of public affairs, will furnish the remedy."

\*Opinion reported in 210 A.D. 204 and affirmed by the Court of Appeals in 239 N.Y. 615.



## BLUE CROSS-BLUE SHIELD VOLUNTARY NONPROFIT HEALTH SERVICE PLANS



ILLUMINATED SIGN ON BLUE CROSS HEADQUARTERS BUILDING, CHICAGO

The democratic political process, Lawrence Drake believes, is revealing a dangerous tendency to encourage and exploit class antagonisms and sink into the rut of class legislation. To combat this tendency and preserve our "gradualist democracy," we need a new type of public relations "which can make the progressive and gradualist solution meaningful as a guide to action to all the elements involved in a situation." For the groups involved in the medical-hospital situation, Mr. Drake has written this guide to action.

—THE EDITORS

## STRONGER VOLUNTARY PLANS—OR ELSE!

LAWRENCE DRAKE  
Washington, D.C.

THAT thing we call tact, considered objectively as adroitness rather than sensitiveness in one's behavior toward other people, is the commonly accepted starting point of public relations. However, in public relations, as in personal relations, tact can become an exercise in fatuity or an elaborate way of being ineffectual, unless this one fundamental condition is observed: Tact must receive its guidance from the full consciousness of one's position in the given situation.

This condition offers us the key to the public relations responsibilities of the voluntary health plans. If we are to appraise these responsibilities with any degree of realism, then we must start with a clear answer to this first question: What is your position in the given situation?

The situation itself—the medical-hospital situation with which we are concerned—is, as we all know, in an extremely dynamic state, with the di-

rection of the developments dangerously in the balance.

There is no need to dwell at any length on the dynamic element in the situation. More people want more medical and hospital care today than ever before in our history. This demand for medical and hospital care, constantly on the increase, is encouraged as well as justified by our medical knowledge, our social philosophy, our regard for our national security, by every facet of our culture, and by the individual's practical concern for good health as a condition of his economic and social security.

Complicating the economic ramifications of this development, medical and hospital costs have at the same time risen sharply, with these rises in costs compounded by the increased use of the hospital in medical practice.

That is the dynamic element.

What has given the situation its dangerous turn is that the mass nature

of this demand for medical and hospital care caught both doctor and hospital off base. Because of his extremely individualistic economic practices, the doctor has been a chronic victim of our economy's cyclical pulse. He had therefore found it necessary, in order to protect himself, to adopt professional policies of a restrictive nature. These restrictive policies stood in the way of any effective effort to meet the new mass demand for the profession's services.

On top of that, the medical profession failed to grasp, as the hospital failed to grasp, the implacable dynamics of the social development they both faced.

Capitalistic enterprise spends billions of dollars to create the kind of mass demand for goods and services that history, in this case, handed the doctor and the hospital on a silver platter. Consumer credit-creation is the twentieth century capitalistic device for developing and maintaining such large scale markets. That is the

distinguishing characteristic of twentieth century capitalism, particularly our brand of capitalism. Capital is used to finance industry and business, and it is used again to finance large-scale consumption.

Consumer credit-creation can be handled in two classical ways. The first is by advancing goods or money against future earnings. The second is by insurance, that is, by building up credit against future needs through payments out of current income, instead of future income, with the sum of the credit amplified by the mutual sharing of risk. Insurance is a thoroughly orthodox capitalistic device.

Consumer credit-creation offered the doctor and the hospital the means for the orderly development of the new markets for their services. But the nineteenth century sociology of both hospital and doctor — this curious sociology with its three rigid social categories (1) indigent, (2) semi-indigent and (3) paying patient — allowed no significant place for the citizen to be thought of as simply a "consumer" of medical and hospital services. The medical profession's restrictive Guild concepts allowed little room for the democratizing influences of capitalistic economics.

#### POLITICAL DYNAMITE

So it happened that, while doctor and hospital refused to do more than make an occasional half-hearted compromise with their own century, the situation deteriorated until it shortly became political dynamite.

The doctor is dogmatic in his insistence that his relationship with the patient be maintained on a direct seller-buyer basis. He has good reason for this. Freedom of opportunity — the matrix of most of the positive freedoms we enjoy — means essentially the right of any citizen to sell what he has on a free market and the right of any citizen to buy what he wishes on a free market, with the seller-buyer relationship direct and free.

But while this direct and free seller-buyer relationship, on which the doctor insists, is the governing principle of the free enterprise system, the force that makes the system work is credit.

Without credit our mass marketing system would become obsolete. Without credit our mass production system would become impossible. Without credit we could never have achieved our high standard of living. Without

credit we could not maintain it for any time. In short, without credit what we call our way of life would quickly collapse. Capitalism is, in fact, credit-creation.

It is very clear, therefore, that devotion to free enterprise principles calls for more than dogmatic insistence on the prerogatives of the direct seller-buyer relationship. It calls for the force — credit-creation — that makes this relationship significant to our way of life. It is not any desire for socialism on the part of the people that has given the situation its present dangerous turn. The revolutionary catalyst in the situation has been and still is the anachronistic economic position the medical and hospital services have stubbornly maintained in the face of this tremendously dynamic social development.

Into this dynamic situation the Blue Cross and Blue Shield plans have brought at long last the consumer credit creating mechanics of twentieth century capitalism. As a result, they have become the instruments of the progressive and gradualist adjustment and our sole defense against the revolutionary political solution.

It is characteristic of the dated attitudes to be found in our hospitals and among our doctors that the voluntary health plans are often regarded with a certain superciliousness, as if they were a semi-charitable favor to the patient. This view has no place, of course, in any realistic discussion of the voluntary health plans.

The service the voluntary health plans are performing for the public is obvious enough. But they are performing just as important a service, and in many ways a more important service, for the hospital and the doctor.

#### FIVE SERVICES

First, they are providing the mechanics for a large-scale credit creating system that makes it possible for hospital and doctor to begin to realize in an orderly manner the economic potentialities of the new medical and hospital markets.

Second, they are providing both doctor and hospital with a twentieth century mechanism for maintaining income at high levels, for stabilizing income, and for orderly expansion. Such stabilization should make the medical and hospital professions, in particular, more attractive to first-class personnel.

Third, in this managerial age, they are providing the medical profession and the hospital with their first opportunity to utilize high-class managerial know-how in coping with their public problems.

Fourth, the voluntary health plans protect the doctor and the hospital against their greatest danger. There is no getting away from the fact that the largest part of the facilities and equipment essential to the practice of medicine is publicly owned, with public investment in both sharply on the increase.

Against this background, if medical practice is to continue on a direct and free seller-buyer relationship, the economics of this relationship will have to be satisfactory to the public. The voluntary health plans offer the doctor the mechanics for an economic relationship with the public at large that can be made the bulwark against socialization.

Fifth, it is the evidence of what the voluntary health plans have already done, and the evidence of what they appear to be capable of continuing to do on an even larger scale, that has given the opponents of the compulsory health insurance plans in Congress the solid ground to stand on. It is this evidence that gave many mugwumps in Congress good reason for getting off the fence, for the time being at least.

#### BETWEEN TWO FIRES

That, roughly, is the positive substance of the position of Blue Cross-Blue Shield public relations officers in the given situation. That, as I see it, is the way your position must be projected, for yourself, for the hospital, for the doctor, and for the public. It must, because unless you see your position in this positive light, and act accordingly, you may easily lose sight of, and thus fail to overcome, the curious anomaly in your position.

Your position is anomalous because you are caught between two irreconcilable forces, and unless you watch your step you may easily cancel yourselves out.

On your right are the dominant conservative forces in medicine. Existing conditions favor them. Their interests are, for that reason, conservative. It is understandable that they should be skeptical about the advantages of any great change in status quo.

Under the pressure of events, these forces on your right were recently

forced to grant you more leeway than they appeared to like. They have given no signs, however, that they are strongly aware of the dynamics in the situation. Their notion of progress remains the same: Retreat two years too late from positions that were five years behind the times in the first place.

On your left are the considerable and very active forces of the revolutionary solution. It was the serious threat from these forces—your mortal enemies—that strengthened your hand with the forces on your right, the forces whose battle you are fighting. But to defeat the forces on your left, you must in the shortest possible time achieve a critical minimum of coverage, particularly of Blue Shield coverage.

#### DOCTORS MAY BACKSLIDE

Here is the anomaly in your position. The closer you get to that critical minimum, the more the danger of the revolutionary threat will recede. And the more that danger recedes, the greater will become the danger of backsliding on your right. You cannot stand still. Your program has to be good enough to stick. But the quality of your program is largely in the hands of the men on your right. You will have to be very positive, very active, and very persuasive, once the anti-socialist angle begins to wear thin, to keep the right in line.

This anomaly is so important a factor in your position that what it means can be stated best in this manner:

Either you will negotiate successfully your anomalous position to the end of obtaining the program you must have to provide economically tenable voluntary health insurance coverage for the majority of Americans, and thus, by preventing the socialization of medicine, assure your own survival, or this anomalous position will trip you up, in which case medicine will in all probability be socialized and, because the situation rules out a secondary rôle for you, you will not survive.

Thus, whether the doctors and the hospitals know it or not the future of medical practice and the fate of the voluntary hospital in the United States today are largely in your hands. But whether they know it or not cannot be a matter of mere curiosity to you, much less indifference. They must know it. They must be made to

Mr. Drake addresses the Blue Cross-Blue Shield public relations session.



know it. They must understand it. They must be made to understand it!

Your rôle, as we can see, has been determined by your position. You and you alone offer the economic mechanism that can enable the doctor and the hospital to make a gradualist adjustment to the demands of the times. You alone can succeed in negotiating the voluntary adjustment at the point of the still free economic relationship, preserving this free economic relationship as well as the democratic institutions and practices on which it rests.

Tact, considered behavior guided by the consciousness of your position in the given situation, gives you a clear perspective on your public relations responsibility.

A more specific outline of your public relations job becomes quite visible when we examine some of the basic conditions you must meet to succeed.

Time sets the first condition. There are those among the medical spokesmen in Washington who are saying that we can defeat the compulsory health insurance bill by keeping it bottled up in Congress for about four to five years.

This view is realistic on one count. It recognizes that the most we can do on the political front is engage in

a smart delaying action, a delaying action to give you the time and the opportunity to do your decisive job.

But this view is dangerously unrealistic when it comes to the time element. You cannot count on four or five years. You cannot count on three years. To my mind you dare not count on two full years.

#### WATCH OUT AT NEXT ELECTION

Increasing unemployment is a reality. Incomes are falling. Developments in Europe are not moving in a direction favorable to our economy. True enough, we can be sure that the government this time will act quickly to avoid a serious depression. That, however, will affect the thinking of millions of Americans on the rôle of the government in our economy, with results not favorable to you.

There appears to be little likelihood right now of Congress acting at all, much less favorably, on the compulsory health insurance bill. You can be sure, however, that the administration has not changed its mind. It is concentrating on getting a larger democratic majority in the next Congress to overcome the strength of the Dixiecrat-Republican coalition.

Right now the odds favor Truman. Quite a few Northern Republicans may be replaced by Democrats. You



cannot take any chances. Labor is going to play an active rôle in the next election. Should Truman win a significant victory, the compulsory health insurance bill will be part of the payoff. You must strive to achieve in the shortest possible time the critical minimum of national Blue Cross and Blue Shield coverage that will make government action superfluous. That is the only safeguard.

Time is short. At any moment it may begin to run disastrously against you.

Economics set the second condition. The crux of your anomalous position is that you cannot hope to succeed in negotiating the gradualist solution by making the patient pay the whole bill. The costs will have to be shared by all.

Premiums will have to be kept in line with wages and salaries. The scope of the medical coverage will have to be progressively extended.

Let us face some simple facts. Should economic developments force a family to economize, it will give up its health insurance before it will give up its car, and it will give up its hospital insurance before it will give up its television set. Washing machines, refrigerators, television sets are all tangibles, and each is yours when you have made a last payment. Health insurance is an intangible. There is no last payment. When money is short, it is a continuous burden.

Right now conditions favor you. You may be able to cover 75 per cent of the people before Christmas. But should you forget to keep your eyes on the economic facts, you may find the rug pulled out from under you in six short months.

The situation is dynamic. Any trend that becomes unfavorable to you, becomes almost automatically favorable to the revolutionary solution.

Above everything else, therefore, you cannot in the next few years risk a recession in voluntary health insurance coverage. Such a recession, resulting from failure to keep adjusted to the economic realities, could mean swift and complete disaster.

Successfully to cope with these conditions you will have to be active and persuasive on a number of fronts. On the medical and hospital fronts you will have to be persuasive to make doctor and hospital respond to the urgency of the time element.

Both on the hospital front and on the medical front you will have to

fight for a good program and a progressively better one, and you will have to fight the hardest battle of all to make both understand that fees and rates must be kept in line with wages and salaries.

You will have to fight on both fronts to win greater latitude for yourself; fight hard and smartly to establish confidence in your leadership.

On the community front you will have to overcome all opposition in the shortest possible time; more, win active support.

You will have to do something to convince the patients that you are not a stop-gap but here to stay, and that you are serving them and protecting their interests.

Add it all up and you have the outline of your public relations job, a job dictated by the conditions under which you must play your rôle. This job is your responsibility, for unless you do it nobody will, and unless the job is done all hope for the gradualist solution becomes dim.

#### BEGIN WITH THE DOCTOR

One aspect of your problem becomes immediately obvious. You cannot do your job with general newspaper and radio publicity. General publicity is important. But your special public relations problem must be handled in a special manner with each element involved in the situation. In each case it must be handled in the terms of the specific interests of each element.

Let us begin with the doctor. The doctor offers you a large press. There are state and local medical journals. There are the journals of the different specialties, and never underestimate the importance of the specialties. There are the national journals. He also offers you national, state and local meetings. You have a nationwide press and platform for your public relations program on the medical front.

My experience with the medical press may be worth something to you. Several years ago I was invited to contribute a special article to the *Medical Annals of the District of Columbia*. I devoted the article to discussing the doctor's responsibility for the medical-hospital situation. I spoke plainly. In fact, I was blunt. The reaction was excellent. Requests and orders came in for hundreds of reprints. I was encouraged to submit more articles, which I did.

I think I know what I am talking about when I say that you can use the medical press for your job. That will require centralized planning. You will need a policy.

You have two major objectives to serve in the medical press.

The first is the establishment of a competent and authoritative but popular literature on credit-creation as the major economic instrument available to the doctor for the solution of the many social problems he faces. This literature, carefully developed, must be made an accepted part of current medical journalism.

Second, you must learn to use the medical journals to help you with your specific problems.

Let us assume that a Blue Cross director faces a special problem with the doctors in his community. There are progressive doctors in every community who understand the importance of your job and are ready to help. In a situation in which a specific problem exists a number of articles should be prepared with the view of getting them published in the local or state medical journal.

These articles have to be good. They must be carefully prepared. Once prepared, it should not be difficult to get one of the friendly doctors to sign them and to get them published in the local or state medical journal. If that should not work, the national office should be able to arrange to get the articles published in another state medical journal and to supply the troubled director with reprints for distribution to the doctors in his community.

#### DON'T FORGET THE SPECIALTIES

The medical specialties should not be ignored. Articles aimed to integrate each specialty into your effort should be prepared for the journals of the medical specialties in the same manner.

It has been my experience that the hospital publications, less numerous than the medical journals, are equally interested in articles dealing with your problems and work. The hospital is probably your toughest problem, too.

Hospital statistics are one of your biggest headaches. Hospital statisticians spend a lot of time dealing with the vertical rises in costs. They are about six times greater, they say, than they were at the beginning of the century. But incomes, they point out, have risen proportionately. There-



fore—; and after that “therefore” they go haywire.

Hospital costs have increased horizontally, too. We use the hospital three to four times as often, as families and individuals, as the people did at the beginning of the century. Hospital costs, as they affect family economics today, are not therefore six times greater than they were in 1900 but from 18 to 24 times greater. They are out of proportion to all increases in income.

#### CEILING ON HOSPITAL COSTS

More, the average citizen pays federal income taxes today, which he didn't in 1900, and he knows that federal funds are used to build and support hospitals. He pays state income taxes, which he didn't in 1900, as well as local and sales taxes, and he knows that all these funds are used in part to support hospitals. He makes voluntary contributions. When he goes to the hospital it is the custom for him to pay his own bill as well as part of some indigent's bill. And when the citizen gets through with his taxes, and his contributions, and his hospital bills, the hospital is in a hole, and the hole keeps getting bigger, and nobody can offer him an explanation that makes sense.

The hospital has a case, a good case. But so has the citizen. Are all the services the hospital offers as routine really necessary? How about cost control systems? We must put a ceiling on hospital costs!

You have three specific problems with the hospital: economy, bookkeeping and human relations with the Blue Cross patients. You will have to make your own surveys, develop your own authoritative materials, and you will have to wage your campaign on a year round basis, to prepare the ground for the contract negotiations. And you cannot forget your over-all objective: clarifying the rôle of insurance as credit-creation, and making its possibilities meaningful to the hospital.

Because the hospital problem is so important to you, each voluntary health plan should be represented on the board of the local community health organization dealing with the indigent patient. That is a good place to study the hospital's community problem. It is an important place for developing human relations. The deficits consistently hatched by these organizations are not indifferent matters to you. It is to your advantage to

show your active interest in the integral medical-hospital problem. The battle against the socialization of medicine is an integral one.

On the community front the businessman is important. He is the civic leader. He is the trade association in which the commercial insurance agents are as a rule active. Often you must convince the businessman before you can approach the employees. You must win his active support quickly.

My first article on the hospital situation appeared in the *Nation's Business*. The businessman was my target. I tried to interest him in taking a more active interest in the problems of the voluntary hospital. I managed to get in a good plug for the Blue Cross.

The reaction to the article should be of interest to you. I received more letters than I could answer. All told, I believe some 30,000 reprints were ordered and distributed. Parts of the article were reprinted in business house organs. But what impressed me most was this, that with an organized effort quite a few such articles could have been placed in business publications. There was an opportunity for a national campaign. And there was an opportunity for preparing materials, getting statements, and preparing releases, for the local press, wherever such materials were necessary.

What do you need to win the active support of the businessmen in the community? First, materials showing how businessmen of national prominence, or businessmen in other communities, think on the subject of voluntary medical and hospital insurance.

There are other important angles. The businessman is interested in sound family credit. You have a good story there. The businessman is interested in purchasing power. You have another good story there. He is interested in keeping taxes down as much as possible. You have another story there. You need special stories slanted to meet the objections and opposition of the commercial insurance companies.

Of equal importance from an immediate public relations point of view but of far greater long-range importance is the organized worker.

In your race with time, organized labor offers you the best opportunity for big deals. You will find that while the trade union is interested in bringing hospital and medical care within the reach of the workers, it is not so

interested in the mechanics of providing such care. You will be making a dangerous mistake should you overestimate trade union interest in the compulsory health insurance plan.

Departure from the gradualist solution holds the danger of socialism for the businessman, but the danger of fascism for the worker. Our trade union leaders are in the main fully aware of that. There is a sound base for your establishing immediate and friendly relations with the trade unions.

This is too special a problem to discuss here in detail. But it is the most important single problem that you face.

Last but not least, you need a policy in regard to the patient. A single concrete suggestion will more or less summarize what I have in mind.

#### LETTER TO DISCHARGED PATIENT

Shortly after the patient returns from the hospital he should receive a letter from you. It should be a personal letter, not a form letter. The letter should be sent to the patient if the patient is of high school age or over, otherwise to the parent.

I would start the letter by saying to the patient, “We take pleasure in informing you that your hospital bill for blank dollars and your medical bill for blank dollars have been paid.” I would say something pleasant about an uneventful recovery, and then I would tell him that you are doing everything possible to serve and protect the patients' interests, and that you would welcome any suggestion that he may have to offer. I would close by telling the patient that since the beginning of the year you paid the hospital and medical bills of a blank number of patients and paid the total of blank dollars to the community hospitals.

Such a letter will make an impression. It will be read by the whole family. It will be shown to friends. It will pay for itself a thousand times over.

That, as I see it, is the rough outline of the public relations job you face. What you have on your hands is a large-scale managerial job in a managerial age. I have outlined what I consider the minimum conditions you must meet to succeed in establishing sound working relations with the doctor, the hospital, the patient, the businessman, the worker, the community. To my mind, you cannot hope to succeed with less.

# BUILDING WITHIN the BUDGET

*becomes possible when you learn*

*how to cut construction costs*

POSTWAR enthusiasm for new hospital construction has remained at low ebb because of high building and operating costs. The need for hospitals has not diminished. Existing facilities are carrying an all-time high load of nearly 18,000,000 bed patients a year and are attempting to catch up with the 8.9 per cent rise in population since 1940 and the increased demands of the hospitalization prepayment plans.

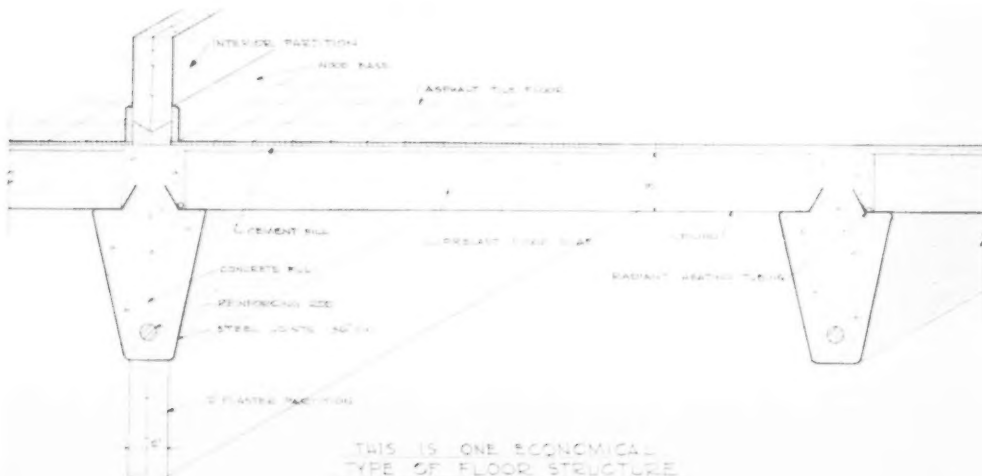
Practically no proprietary or community hospitals were built during the war. Since the war, high construction costs have prevented many others from being realized. The federal government, fully cognizant of the increasing hospital needs and of high construction costs, is, through the provisions of the Hospital Construction and Survey Act, making outright grants totaling \$75,000,000 annually to communities in need of hospitals but unable to meet high construction costs. Seven hundred

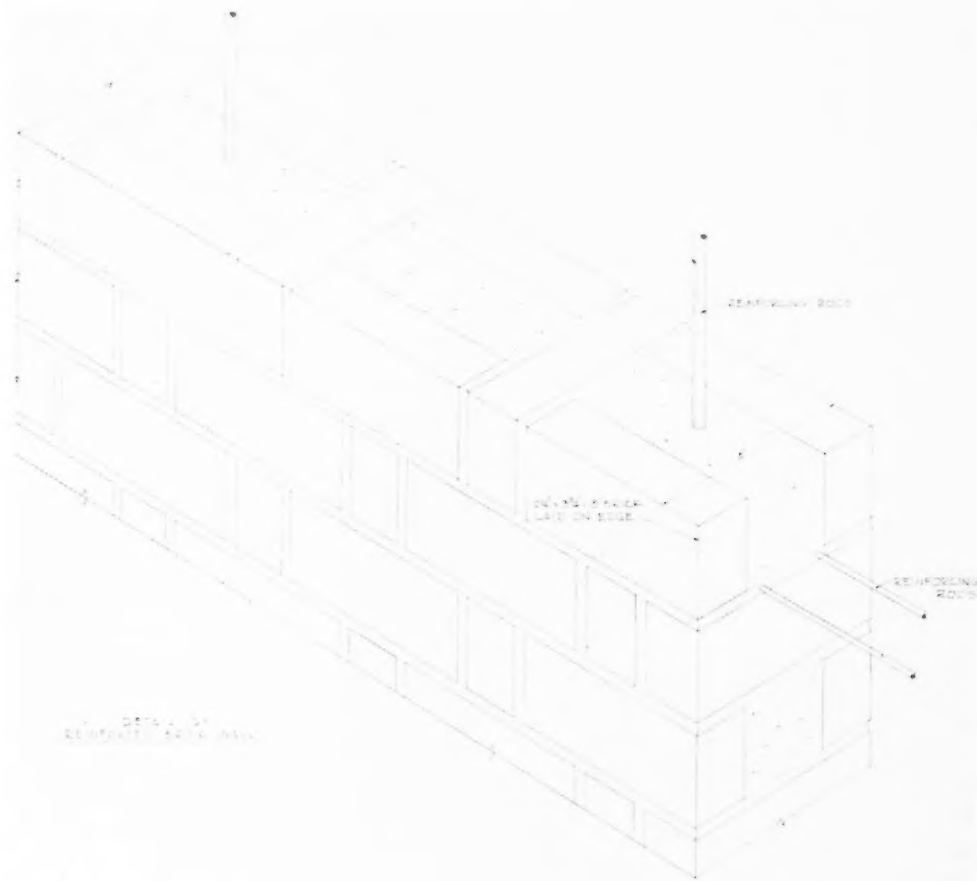
**MORRIS HERTEL**  
Pace Associates  
Planners, Architects, Consulting  
Engineers, Chicago

such projects, amounting to \$414,000,000 worth of construction, have already been approved by the government for financial aid. These projects are predominantly general hospitals located in rural areas in communities of less than 25,000 population, and, in spite of such financial grants, few communities have met the needed supply of 4½ beds per thousand population. Even with the federal government able to provide part of the construction cost and in some states the state government able to provide an additional amount, many communities are still unable to provide the sum required to build a hospital modest enough to meet their minimum needs.

Construction costs are still high. They are 174 per cent above the 1939 cost level. They are kept annoyingly high in spite of modern techniques and recently developed cost saving methods because too many unimaginative architects and their less imaginative clients, unqualified building committees, and boards find it easier to copy hospitals built decades ago than to exert the effort necessary to design a hospital suitable to existing circumstances.

Not only is it daring to create something suitable for contemporary use, it is also difficult. Those architects who have the fortitude to show their clients how contemporary buildings can be built, utilizing new materials and cost saving methods, are the ones who are building hospitals today within the budget. The cost of hospitals in Illinois being constructed under the Hospital Construction and Survey Act is between \$14,500 and \$21,000 a bed. To reduce construction cost to a rea-





reasonable figure it is not necessary to reduce room sizes to an unbearable minimum or to eliminate services. The solution is logical and sound and can be reduced to four objectives:

1. The conservation of space by reducing the thickness of floors, wall partitions, and roofs to a reasonable minimum.
2. The conservation of material and of labor by reducing the number of component parts in every phase of construction.
3. The elimination, when practical, of general contractors' overhead and profit on other contractors' labor, material and profit by awarding separate contracts to each trade.
4. The preparation of accurate cost estimates in the preliminary stages followed by correction for fluctuation of costs during the period of preparation of working drawings.

**Economical types of floor structure (see opposite page) and reinforced brick walls (above) are two methods of bringing down the cost of construction.**

If a hospital is to be modern, is to take advantage of saving methods and materials and realize lowest possible operating and maintenance costs, such methods and materials must be determined at the time the project is being conceived. Logical methods will establish such fundamental structural data as bay sizes, form, wall thicknesses, ceiling heights, and mechanical systems. Unless these component parts are thoroughly understood at the outset and are integrated properly with the plan requirements, the over-all design cannot be developed in a way that will allow cost saving to become fully effective.

The drawings must be prepared by professional technicians who understand such materials and methods. An economically built and efficiently operated hospital cannot be realized by applying a modern veneer of new materials to a stale and outmoded plan and method of construction. It must come from the basic form of construction, from the first conception of the requirements.

A few of the more important devices that will reduce construction costs, operating costs, and maintenance cost in a small community hospital are listed as follows:

1. The use of precast floor and roof slabs on exterior bearing walls. These slabs, 5 inches or more thick, are made of lightweight aggregate, have acoustical and insulation qualities, and, when painted on the bottom surface, provide an attractive ceiling texture. Expensive

plaster ceilings are eliminated in many rooms. The finish floor surface is applied directly over a thin leveling bed of cement fill. The slabs rest on exposed concrete filled metal joists, beveled on both sides. The normal floor to floor height can be reduced without reducing the normal ceiling height. Other economical forms of floor structures are suitable to the multistoried skeleton frame buildings.

2. Eight-inch thick reinforced brick bearing walls can replace the normal 12 inch thick solid masonry walls. These walls are made up of two rows of brick set on edge in "ideal" bond and the space between filled with concrete and reinforced with steel rods. The savings in both labor and materials are obvious. Nineteen bricks are required for each square foot of wall area in a 12 inch solid brick wall, whereas  $8\frac{1}{2}$  bricks are required for an 8 inch thick reinforced wall.

3. Another economical use of brick is the cavity wall. Since brickwork has become an acceptable and desirable finish material for interior walls in certain locations, the insulated cavity wall is the most economical form of construction that will meet the physical requirement of such a wall. The interior surface of this wall requires no further treatment. The brick is left exposed, and, since the insulation is installed in the cavity of the wall, no stripping, plaster or interior finish is necessary. Painting is not required, and maintenance is reduced to an absolute minimum.

4. Precast concrete stairs can replace the usual and more expensive cement filled metal pan stairs. The treads and risers are cast in one piece and are either built into the masonry walls as the walls are laid up, or rest on clip angles and steel plate stringers. When

produced in quantity, these stairs are economical, are easy to install, and are built into the walls as the construction progresses.

5. Two-inch thick plaster partitions can replace the usual 5 inch thick plastered tile partitions in many cases. These partitions are made up of metal lath reinforced vertically with metal studs and plastered on both sides. With a difference of 3 inches in each partition, the saving in the length of a building is readily apparent. Customary rough door bucks are eliminated, and the walls are plastered up to simplified door frames.

6. Radiant heating can replace the normal space consuming and dirt catching types of heating with radiators and convectors. Copper tubing is laid in the floor adjacent to the steel joists, and the entire floor becomes a heating unit. The problems of radiator cleaning and dirt streaks on the walls are completely eliminated. Lower inside air temperature can be maintained, and the sensation of stuffiness so often associated with hospital rooms in the winter is largely eliminated. This system provides an even source of heat, free from drafts and hot spots. Evidence indicates that the operating cost of radiant heating is as much as 10 per cent lower than that of other comparable systems.

7. The informal method of obtaining bids has clearly shown that substantial savings can be realized. When cost is paramount and when highly organized and competent architectural supervision is available, letting of contracts on a separate trade basis will result in the elimination of the general contractor and the overhead and profit normally taken by him on the subcontracts he handles. The architect in this case has complete supervision of

all contractors on the job and is fully responsible for the coordination of the trades.

Supervision of this type when properly executed will assure the owner of better coordination of the various trades, will save him from 10 to 15 per cent of the construction contract and will, in most cases, achieve an earlier completion date.

These and many other materials that were brought about by recent developments are less costly to install, are easier to maintain, and are more desirable for patient comfort than are many of the old forms of construction which have been copied and duplicated for generations, with no thought given to improvement or adaptability to advancements made in the construction industry.

When incorporated in the design of an up-to-date hospital, these items will reduce construction costs by as much as 20 per cent of usual methods of construction, will shorten the construction period, and will provide a hospital that can be easily and economically maintained.

With the development of time and motion studies in industrial engineering technics, operating costs are kept at a minimum through the use of accurate analysis of man-hours. The application of such industrial principles in the planning of a hospital is necessary to more efficient operation and better medical care.

The hospital architect must recognize such industrial technics. He must incorporate them in the initial layout of the hospital. With the intelligent use of time and motion studies, he is able to plan the various component parts of the hospital in such a coordinated way that lost motion is reduced to a minimum.

Because the greater portion of a nurse's work requires walking, a reduction in steps would mean greater efficiency and more profitable plant operation.

Construction costs should not be reduced through the elimination of necessary facilities nor should they be reduced through the reduction of room sizes. These basic items are fixed; they cannot be changed without jeopardizing the efficiency of the hospital. However, construction costs can, through careful, intelligent planning and by the use of up-to-date materials and methods of construction, be reduced so that hospitals can be built within a reasonable budget for these times.

---

## WRITE FOR YOUR VOLUME INDEX

If you bind your volumes of *The MODERN HOSPITAL* you will want the index to volume 72, covering issues from January through June 1949. You may obtain your free copy by writing to *The MODERN HOSPITAL* at 919 North Michigan Avenue, Chicago 11, Illinois.

---

**A**LONG with present day personnel problems there has developed an increasing incidence of mistaken identity of patients in our hospital, with the result that we have been wondering whether other hospitals are having the same difficulty.

Believing that improvement could be made in identification of patients, we mailed questionnaires on this subject to 240 of the larger hospitals in the country, both general and military hospitals. A total of 171 replies was received, and a summary is here-in presented. Much interest was shown by the participants as to the conclusions of the survey.

While the tabulation reveals that the larger number of replies presented a tendency toward resistance to any thing new or different in the way of routine identification being used, many replies showed interest in some method of personal identification of patients, plus bed tags and charts, particularly when patients are transported for x-ray, surgery, O.B., etc. Some of the hospitals mentioned use of tape or "pinned identification" on the patient just before surgery.

#### QUESTIONS AND COMMENTS

From a total of 171 replies received, 122 were from general hospitals, and 49 were from army, navy, marine and V.A. hospitals. It should be taken into consideration in the summary that policies and procedures in V.A. hospitals are under the regime of the medical director of the V.A. central office in Washington, D.C. Therefore, comments and preferences were limited. Tabulations were as follows:

1. What system are you now using to identify adult patients in wards?

General Hospitals		Military and V.A. Hospitals	
Bed Tags	105	Bed Tags	46
Charts	26	Charts	10
Tape	5	Tape	—

2. Is the system you are now using adequate for you?

Yes	96	Yes	41
No	20	No	5
No Ans.	6	No Ans.	3

3. Do you think that some new system of permanently identifying ward patients is indicated?

Yes	38	Yes	11
No	63	No	34
No Ans.	22	No Ans.	3

## "SORRY! WRONG PATIENT"

*It isn't only babies that get mixed*

**JOHN R. SMILEY**

Superintendent  
St. Luke's Hospital  
Kansas City, Mo.

Comments from the hospitals were as follows:

"Identification on person most satisfactory method."

"Bed numbers used. No serious problem although *there is some possibility of error.*" [Italics ours.]

"We have strict regulations, such as asking patient's name and checking directions before giving treatments in medicine. We hold supervisor and head nurses very responsible."

"Our problem is particularly acute because we must place overflow of medical patients in surgical wards."

"Believe most mistakes are due to carelessness, but a better system would be helpful."

"We have been seriously troubled by the mistaken identity of adult patients and recently required that a small identification tag be pinned to every patient going to O.R. and left on until patient is completely conscious. Even this is inadequate."

"Patients should have an identification tag when sent to another department for treatment or for any procedure."

One large hospital remarked: "Although we are supposed to place tags on all beds often they are overlooked."

"... Frankly we have made mistakes, such as giving the wrong patient medication, but we are fortunate that the medication was one that would not be injurious to the patient, for which we are extremely thankful. I feel that you have touched a problem that is prevailing in my hospital, which has a large number of ward beds."

"At present our identification is by the bed tag system. This method is not entirely satisfactory. Because of the fact that we have only psychiatric patients we feel that a better system might be devised, but we regret our inability to offer a better solution."

"May we respectfully submit that no gadget can substitute for adequate training and supervision."

"We have experienced difficulties such as you outline in your letter. We will be interested in the conclusions drawn from your survey."

"It looks as if you might have something of great importance."

Since beginning our study of this problem we have learned of several specific instances of mistaken identity in some of the best accredited hospitals. For example, in one of the larger hospitals of excellent standing, a positive serologic report was made on a patient *with the blood drawn from the other patient in a two-bed room.* The doctor was ready to start treatment when the error was discovered.

In another case, the wrong patient received a blood transfusion, and the doctor had a desperate fight in order to save his patient's life.

There have been several cases reported from the various hospitals in which the wrong patient received medication or treatment.

In another instance, in a multiple-bed room two patients were scheduled for surgery. The wrong patient was taken to the operating room, and an operation was completed before error was discovered.

#### IT'S SERIOUS BUSINESS

The problem has proved to be larger and more serious than was at first anticipated; that there is a definite need for further study of a more nearly positive means of identifying patients; that many hospitals would be interested in a practical method which would be an improvement, and that some one of our own organizations or periodicals should make a thorough survey to determine all the facts and needs of this problem.



***In our work there is special need for***

## **COURTESY**

**JAMES V. LAPPIN**

Business Manager, Methodist Hospital  
Philadelphia

**C**COURTESY is a quality so out of date that it is often labeled old-fashioned or quaint. Life today whirls us along at a giddy pace. Most of us are so harassed by more work than we can do and more problems than we can conquer that we let manners go by the board. Yet courtesy is like St. Paul's charity. Lacking it, our graces become angular and our virtues grow rigid.

Foreigners say that we are the most impolite nation on earth. Now our American informality is a kind of legacy from days of pioneering and expansion, when a man felt free to throw his weight about because there was so much open space in which to do it. An easy manner that might shock the Continental is natural to us, and right for us.

### **MORE THAN POLITENESS**

However, there is some justification for the reproach. One can be too natural, doing anything that comes to mind without regard for friend or foe. Crude self-assertion is not poise. This is the land of the free, but we are not free. We are bound by respect for ourselves and by respect for others. In such respect, and not in rules of etiquette, is courtesy rooted. Respect for other people—a regard for their interests and a comprehension of their attitudes—requires infinitely more from us than a polite "Good morning."

It is never easy to put ourselves in someone else's place, yet that should be our aim. To do it calls upon our mental energy, self-restraint, patience. All too often our best efforts land us in a sort of limbo, where we have stopped looking at things from our own point of view and have failed to come anywhere near the other person's. However, practice will better the score in a game that never grows dull.

In our work there is a special need for this kind of imagination. Any institution is a world in itself, with its own values and even its own technical language. A hospital, however, is even more sharply differentiated

from life in general than is a museum, for instance, or a bank. Most of those who come to us are in distress, physical or mental. They are not themselves.

All our visitors may not appear wild-eyed and frantic, but often their self-control has been tried by the onslaught of strong emotion. The very names of diseases that are routine to us may be a stab in the heart to them. We dare not, could not, take all this suffering to ourselves, but we must allow for its dreadful impact on those immediately concerned. Fortunately, all cases are not so desperate, but always it is our part to be more considerate to our public than the public may at times seem to deserve. We may never know, until we are in the same unhappy situation, how much a little touch of human kindness can mean, but it really does have value. People may seem not to notice, but they do.

Here, we might pause over the proverbial "It isn't what you say, it's how you say it." Then, again, "It isn't what you do but how you do it." The tone of one's voice is extremely important. After all, we are not simply cogs in a machine to repair bodies. We are representatives of an institution dedicated to increasing human welfare. If we cannot show a certain modicum in the cases under our care by some slight warmth in our voices and manner we should be at work on the assembly line or among dusty books.

Let us hope, too, that our courtesy can spring from a genuine liking for people. The smile that hovers on the lips but leaves the eyes cold says no more than do some of the vapid Hollywood masterpieces in glorious technicolor—precisely nothing. A person

can usually sense it, when a pleasant manner is only a mask. Yet there are occasions when a superficial courtesy is all that can be expected. Our own lives may be more involved than we might wish.

Again, we may have to deal with someone so unpleasant that a good boiling in oil might be more to the point than a soft answer. Here is where the habit of courtesy will save the situation. And a habit it must become, or it will fail us in emergencies. Perhaps human beings are fundamentally selfish animals, and all the evidences of culture and civilization are only a veneer over an unlovely core. Even if this cynical analysis be true, we can acquire a sturdy veneer that will not crack under a glancing blow.

### **OF HEAD AND HEART**

Courtesy can be made a habit like any other. While we are strengthening this habit, why not practice it on our fellow workers? For one thing, we should then be making our own way smoother. The natural reaction to courtesy is more courtesy. For another, tact and affability can prevent any misunderstanding, with its consequent wear and tear on us as well as on all others involved.

Especially for the sake of our associates, we should try to develop a genuine courtesy of the head and of the heart. Without question, it must come from both. It should be intellectual because we are making a deliberate effort to view things through the mind of another, by means of that eye of the spirit, a vicarious imagination. It should be emotional as well, because imagination that is playing about the mind of someone else may easily become too curious, even malevolent, if

From a paper presented before the Philadelphia Hospital Association, October 1948.



it is not shot through with the warmth of an unfeigned respect and liking. The man or woman at the next desk is not to be studied as if he were a specimen on the slide. He is as much a person as you or I. His world is as complex as ours. His reticence, his tastes have as much justification as our own.

What this man has learned from experience is as definite and precious in his eyes as any lessons that life has impressed upon us. Below his everyday surface lives a fearful and wonderful collection of beings, a whole empire of selves — his own, those he has assimilated from other people, and still others he has absorbed from books. Our enlightened imagination may examine him to a certain point. Beyond that, however, he is a mystery before which we should do well to be humble—no exaggerated deference, but a true regard for individuality. When we look at people in this light, we can see that all men in very truth are created free and equal.

We might remember, then, not to be insistent in our courtesy. We can always be ready to lend a hand, for kindness is one of the earmarks of breeding. But sometimes it is much more courteous to yield and allow the other person to take the lead. On the whole, common sense is a useful check on any good quality. Haven't we all known people so beautifully poised and polite that we longed to hit them?

#### HUMOR IS A LUBRICANT

In the last place, a sense of humor may be the perfect lubricant when the going is rough. That does not mean that one needs a whole repertory of jokes. A happy choice of words may be enough—a light phrase instead of a solemn pronouncement, a bit of understatement when the air is tense. Laughter may be a safety valve, too, if it is the kind that heals, not the sort that wounds, for sarcasm and ridicule are weapons, no matter how polite the style of their utterance.

Above all, let us have the sense of humor which laughs at things not only *when* they go wrong, but *because* they go wrong at precisely the worst time. Almost anyone will be glad to share our annoyances if we ourselves can derive some amusement from them. One might say that good sportsmanship is the courtesy we owe ourselves, and a genial sense of humor is a large part of the courtesy we owe

everybody. May heaven—and our own efforts!—give us the grace to achieve them both.

Heaven was certainly standing by Mr. Brown the other day when he walked right into a woman on Chestnut Street. You know how things happen, when neither is looking where he is going. They met head on. Both stepped to one side—the same side; both stepped to the other side. Then Mr. Brown, our model of courtesy, stood still, raised his hat and said "Well, good-by! Nice to have known

you." How that lady must have enjoyed the encounter!—and right there is the real proof of courtesy. It makes both giver and recipient comfortable. That is why I say it must be flexible and natural. That is why there are no set rules to define it. Above all, that is why it is such an interesting challenge to anyone who would practice it.

Like St. Paul's charity, it is never puffed up. Courtesy may have originated in the courts of kings, but today it can belong to any one of us

### Janet M. Geister Wins Gold Medal Award

JANET M. GEISTER, R.N., of Chicago is the winner of The MODERN HOSPITAL Gold Medal Award for the best original article published during the 1948-49 magazine year. The prize-winning article, entitled "The Hospital and the Nurse," appeared in the August 1948 issue as a feature of the special "Hospital of the Future" series published in that magazine.

Selection of Miss Geister's article was made by an award committee headed by Dr. Arthur C. Bachmeyer of the University of Chicago, chairman of the editorial board of The MODERN HOSPITAL. The committee did not make any honorable mention award this year.

Emphasizing the need for a return to spiritual and humanitarian values in nursing, Miss Geister's prize-winning article said the nursing profession would "come richly into its own" in the next 50 years. Styles in sickness and methods of treatment may change radically, she said, but human needs remain unchanged.

"The hospital patient must know that someone is close at hand who not only checks the order book but *cares* what happens to him," the article stated. "The art of nursing stems from the heart of the nurse, and its roots are a love for humanity. Nursing must be a spiritual as well as physical experience, for the spirit of nursing was born when Christ taught that man is sacred."

Miss Geister pointed out that nurses today have taken over many duties that were formerly performed by the physician. This process would continue, she predicted. "Tomorrow's practice of nursing will include more of today's practice of medicine—the line between them is never static."

In the future, technical developments and better hospital planning will free the nurse of many tasks that take up her time today, according to Miss Geister.

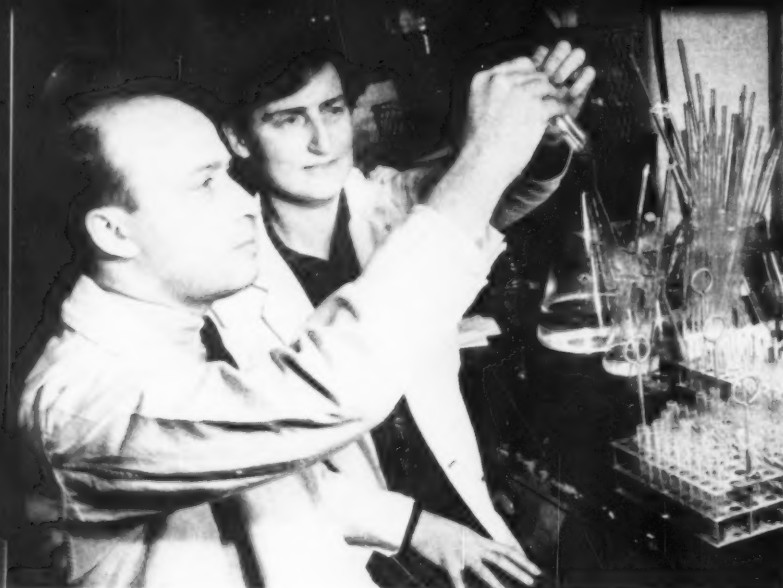
"With these freedoms she will have the time, the energy, and the will to nurse," the article concluded, "—to move toward the patient's bed rather than away from it. The spirit of nursing, now restricted by heavy circumstance, will be freed, and in its regeneration lies the promise of a better tomorrow for all who come under the care of nurses."

Interestingly, it was another paper written by Miss Geister that first brought her into national prominence in her profession 25 years ago. Presented at a national nursing meeting, "Hearsay and Fact in Private Duty Nursing" was an immediate sensation.

Since that time, Miss Geister has rarely been out of the nursing limelight. She is today first vice president of the American Nurses' Association. She contributes a monthly column, "Candid Comments," to the magazine R.N., and is active as a writer and lecturer on nursing subjects. Miss Geister was formerly editor of the *Trained Nurse and Hospital Review* and served for several years as national headquarters director for the American Nurses' Association. She is a graduate of the Sherman Hospital School of Nursing at Elgin, Ill. Following her graduation she did hospital work at the Cook County Hospital, Chicago, and studied social science at the University of Chicago.



Janet Geister, R.N.



PATHOLOGIST



**For better medical-hospital relations**

## THE SPECIALTY PROBLEM

ADVANCES in medical sciences and in special methods for the diagnosis and treatment of disease require advanced training of a certain number of physicians. These specialists do not usually have responsibility for the direct care of the patient. They and their work have come to be closely allied with the care of the patient in the hospital and are an essential part of good hospital service. I refer particularly to the radiologists, the anesthesiologists, and the pathologists.

For many years it has been customary for radiologists and pathologists to be employed in some of our larger hospitals and to be paid a stated salary regardless of the net income of the department. As anesthesiology has developed, the same pattern has been followed in most of these hospitals. That a profit to the hospital might and does accrue under this full-time salary arrangement cannot be denied. With increasing costs and diminishing returns from voluntary contributions, hospital administrators have been forced to explore every possible source

of income in an effort to balance their rapidly mounting budgets, and some hospitals have looked to this profit as one way of helping to meet the deficits of the other departments.

Logical as this may seem, this point of view is in direct conflict with the professional ethics of the physician. He is not opposed to working for a salary, but he feels strongly that to dispose of his services to a lay body or organization in such a way as to permit that body to make a profit from his services is not for his patient's best interest.

This conflict between the ideology of the physicians and the practical economics of hospital administrators has been smoldering for some years, but never flared up from time to time, but never seriously as long as the level of salaries to the physicians rendering these services and of the charges to the patients was such that the physicians were receiving reasonable compensation for their work and that neither the hospital nor the physician rendering the service was exploiting the patient or each other.

The situation in Massachusetts, however, became acute in 1947 when Blue

Cross introduced its so-called comprehensive contract offering complete coverage for the cost of the services of these specialists for patients in the private rooms of our hospitals. In May of that year the New England Roentgen Ray Society passed a resolution which was introduced in the council of the Massachusetts Medical Society and which resulted in the appointment of a committee to define hospital and medical services and to develop a program whereby more satisfactory relations might be established and maintained between the physicians and hospitals.

The committee consisted of representatives from the Massachusetts Hospital Association, from the specialties of roentgenology, anesthesiology and pathology, from Blue Cross and Blue Shield, and from the Massachusetts Medical Society. This committee held a number of meetings throughout the summer. All were well attended. Discussions were long and free. The differences of opinion so obvious in the early hours of the meeting gradually gave way as better understanding increased. The committee finally presented a unanimous report at the

Read before the New England Hospital Assembly, Boston, March 1949.



... RADIOLOGIST ...



... ANESTHESIOLOGIST

Photo by William M. Rittase, courtesy Northern Westchester Hospital, Mount Kisco, N.Y.

## MUST BE SOLVED

stated meeting of the council of the medical society on Oct. 1, 1947.

Because this report is the result of long hours of careful thought and discussion, because I believe it to be founded on sound principles, and now, more particularly, since it has recently withstood critical review by administration and staff representatives of one of our larger Boston hospitals, I shall use it as the basis for discussion.

**Nonmedical Services.** The committee delineates the two types of services that are rendered in hospitals. Non-medical services were defined as "those services, technical and nontechnical, provided by other than a registered physician which are required for the care of patients, the making of a diagnosis, and the treatment and prevention of disease, and those services rendered by a registered physician in an administrative capacity or as the head of a department when such services do not include the obtaining or interpretation of information in behalf of an individual patient."

**Medical Services.** Medical hospital services are defined as "services other than administrative rendered by a reg-

LELAND S. MCKITTRICK, M.D.  
Boston

istered physician directly or indirectly to or in behalf of an individual patient for the obtainment and interpretation of data, including consultation and advice, for the diagnosis, treatment and prevention of disease."

**Discussion.** These definitions need little if any clarification. The head of the department of pathology is paid a salary by the hospital for the organization and administration of that department. This is a nonmedical service. If, in addition to his administrative work and teaching, he examines and interprets pathological slides, he then renders a medical service to each patient for whom an interpretation is made.

Is there any real merit in this division of the services rendered in hospitals? Is it an artificial division, or is it on a sound and practical basis? We believe that this separation not only is important but also is essential to the development and maintenance of a sound relationship between the hospital and its medical staff and to clarify the responsibilities of Blue Cross and

Blue Shield or similar prepayment groups for the services rendered in hospitals.

If we assume the importance of this separation, is it practical with present accounting methods? We have been assured that what is considered good hospital accounting will make it practical to divide these services without too much difficulty. It is quite true that there will be certain borderline areas in which the division may be more or less artificial and will have to be settled arbitrarily at a local level. For example, is a postmortem examination a non-medical or a medical service, and who pays for it? It is not administrative, yet it is not rendered to or in behalf of an individual patient; nor is it paid for by the patient or his family. This, in my judgment, could be arbitrarily considered a nonmedical service, the cost of which should be divided among radiology, pathology, anesthesiology and bed care, since all profit from the results of these examinations and since the quality of medical care rendered in a given hospital depend to no small degree upon the ratio of necropsies to total hospital deaths.

In order to progress in our discussion, let us assume the necessity of a system of accounting that will permit the separation of the medical from the nonmedical services. Let us also agree that there will be areas in which the separation may have to be an arbitrary one, agreed upon by administrative and medical staff representatives. It should then not be difficult to follow the rec-

**Semiprivate Charges in Four Greater Boston Hospitals Having  
Similar Types of Patients**

Hospital	Board and Room	Ancillaries	Total
No. 1	\$11.00	\$8.06	\$19.06
No. 2	12.50	7.02	19.52
No. 3	13.00	5.96	18.96
No. 4	14.00	5.12	19.12

commendations of the committee that a basic principle in the establishment of charges should be that each income producing department be self-supporting. If one adopts this realistic point of view toward such departments as radiology, anesthesiology, pathology, clinical laboratories, and bed care, the need of taking funds from one department and putting them into another department is eliminated. Moreover, the patients are paying for the services that they are obtaining in proportion to the cost of those services rather than paying too much for one in order to help another.

I fully realize the psychological effect of an increase in daily hospital rates should this be necessary by the adoption of such a policy, but may we not be remiss in our duty to educate the public in terms of total hospital cost rather than in terms of daily room rates? The importance of this is well shown in the table above made from the study of four of our Boston hospitals having similar types of patients.

*Fees for Medical Services.* If we can accept the principles already outlined, we must ask: Who shall set the fees for medical services that are rendered in and collected by the hospital? And what shall be the basis for these charges? The committee felt, and I think rightfully so, that if the hospital rendered the bill and collected payment for services rendered therein, the fees for these services should be established by the joint action of a committee of the staff and the governing body of the hospital, including the head of the department and the administrator.

#### CEILINGS ON SPECIALTY SALARIES

Such fees are to be expected to be in keeping with the general run of fees in the community but, more particularly, in relation to the income from the department for the previous year.

In the establishment of such fees, it should be accepted that the income received should be little more than adequate to maintain the department, taking care of depreciation, covering its portion of administration, its share of

other nonincome producing departments, and offering reasonable returns for the medical services rendered. Should there be any limit to the amount paid to the physician for the medical services that he has rendered? The pathologist, radiologist and anesthesiologist who are working full time in hospitals are in a unique position as compared with the other physicians of the community. They have a degree of security against loss of income during vacations, ordinary sickness, or any other temporary absence from work not enjoyed by the practicing physician. They are not burdened with heavy overhead, and, even more important, their appointment to the hospital position automatically eliminates all competition and creates for each a monopoly in his own field. For these reasons, I believe it to be sound practice and to the benefit of the hospitals, the medical profession, and the public that definite ceilings on the total payment for medical as well as nonmedical services be agreed upon for these specialties.

#### HOW TO FIX CHARGES

Acceptance of this principle is, I believe, essential to the establishment of fee schedules in those hospitals with closed departments. In general, the charges established should be in keeping with those prevalent in the community for similar services. If the income is in excess of the total needs of the department, such profit could be used for the professional development of the department and would indicate a reduction in the cost of the service to the public for the ensuing year.

Just how these specialists shall be paid should remain an individual matter to be arranged by the hospital in question and by the physicians, provided the arrangement is made "with due regard to the needs of the patient, the community, the hospital, and the physician."

*Today or Tomorrow?* This is a real problem, at least in some of our New England hospitals, or it would not be under discussion today. Is it of suf-

ficient importance to warrant further study to the end that a satisfactory solution might be obtained? If it is one worthy of such consideration, should the present economic problems of hospitals be adequate reason for postponing action until some later time, or is this the time to meet the challenge?

Neither hospitals nor physicians exist for the benefit of the other. They have one big common interest, the care of the patient. Alone, neither can fulfill the responsibility for that care, nor can it be effectively done without the complete cooperation of both. Essential to such cooperation is a closer relationship than now exists between most hospitals and the physicians who are associated with them. The subject under discussion is probably the most important single obstacle to unity at this time.

#### CONFERENCES AT LOCAL LEVEL

I am quite firm in my conviction that such problems as relate to the specialties of radiology, anesthesiology and pathology can be satisfactorily solved at the local level if representatives of the hospital and of the medical staff will approach them around the conference table. The report of the special committee already referred to will act as an excellent guide from which discussions can start. Now, not tomorrow, is the time to begin!

The most important single obstacle to better relations between hospitals and physicians, then, is failure to solve the problem relating to the specialties of radiology, anesthesiology and pathology. A possible basis for the solution of this problem is suggested by division of the services rendered in hospitals into medical and nonmedical services.

Principles only have been laid down. The details remain to be worked out. They will not be resolved after one or two or even three conferences. It will take patience and thoughtful consideration by all, having always in mind that such decisions as are reached must be to the best interests of the patients and of the community if they are to be permanently satisfactory to all.

Better understanding of mutual problems, a unified effort to serve the community, and the clarification of the confusion that now exists regarding the responsibilities of Blue Cross and other third-party agencies for services rendered in hospitals are but a few of the benefits that will result from conferences such as these.





**The  
MODERN  
HOSPITAL  
CONVENTION  
DIGEST—1949**



Officers, regents and honorary fellows lead the A.C.H.A. convocation procession.

## **CONVENTION at CLEVELAND**

### **Survival Meeting**

**T**HE American Hospital Association celebrated the conclusion of its 50th year by meeting at Cleveland the week of September 26 to examine the two-headed proposition: Can voluntary hospitals survive without government assistance, and could they survive government assistance?

Four days of talk produced the answers: No and Yes. These answers were qualified with full sets of ifs and buts, and there were dissenters on both sides of the rostrum. But it was plain at the end of the week that the nation's hospital people wanted help with the na-

tion's hospital burden and thought they could keep the helping hand from becoming an iron fist.

Prophetically, the convention's first speaker provided the convention's last answer. Hospitals must choose one of three roads to solution of America's health problems, according to Marshall E. Dimock, the political science professor who gave the keynote address to an audience that spilled into the aisles of Cleveland's public auditorium.

Professor Dimock's choices were: meek submission to government domination, blind opposition emphasizing propaganda as opposed to program, or

the objective, nonemotional approach of cooperation and adaptation. The American people are attached to private as opposed to collective enterprise but will turn to the latter when the former fails to meet human needs, Professor Dimock warned. Thus the direction American health services will take depends upon the competence with which private administration meets existing needs rather than on ideological decisions. Sooner or later, the ideologies must cave in before the facts.

All week long, the facts kept emerging: Costs would go higher, not lower, with advancing medical science. Many



House of Delegates in Session: Front row (l. to r.) Graham Davis, Dr. Arthur C. Bachmeyer, Msgr. John J. Healy, Ross Porter, and Dr. Charles F. Wilinsky. An estimated 6500 administrators and department heads were registered.

Americans would be unable to meet the costs of their own care, yet hospital people wanted no screening at the hospital door on the basis of means. Cost payments for indigents by local governments would help, but not solve, the hospital's financial problems. Nobody wanted socialism but everybody needed money. The nagging uneasiness about federal aid was better than the awful uncertainty about survival without it. Inexorably, the ideology of freedom gave ground before the fact of need.

In various convention sessions, hospitals gave the government a *precis* of the regimen they hoped it would use to apply fiscal therapy: Expansion of Hill-Burton aid would help distribute the load. Federal funds for medical and nursing schools would get some educational costs off the hospital's back. Passage of the federal voluntary health insurance bill would ease the burden of indigent care and spread Blue Cross-Blue Shield beneficence. These measures would be scorned as "soft socialism" by the extreme right and as "too little, too late" by the extreme left, but they were nevertheless the method of choice for the majority, which preferred the calculated risk of a burgeoning bureaucracy to the abdication of responsibility for a single sick person. Speaking at the opening meeting of the women's auxiliaries conference, it was Dr. Morris Fishbein who declared, "The time must never come when a rich man will live where a poor man would die!"

Die-hards who muttered about Marxism had forgotten that Karl Marx aimed his bitterest shafts at those who sought the middle road—economists, philanthropists, humanitarians, improvers of the condition of the working class, or-

ganizers of charity, hole-in-corner reformers of every imaginable kind, desirous of redressing social grievances in order to secure the continued existence of bourgeois society."

At Cleveland in 1949, the nation's hospitals were willing to settle for that middle-of-the-road solution.

## Nicest Group

"Nicest group of boys and girls I ever worked with" is how President Joe Norby described the association's house of delegates at the conclusion of its first Sunday session, which rolled smoothly and quietly on well oiled wheels from the first word to the last—which was spoken, precisely on schedule, at 12:21 p.m. The only unplanned noises of the session were made by Guy Clark of the Cleveland Hospital Council and a balky microphone. The microphone shrieked like a tomcat when Treasurer Arthur C. Bachmeyer was reporting on the asso-

ciation's financial condition. Apparently it had a hypersensitive fiscal nerve, for it set up another squawk during the afternoon session as Mrs. Amos F. Dixon was telling the delegates how much money had been contributed to the women's auxiliary committee.

Guy Clark's squawk came when Dr. E. Dwight Barnett reported that his council on prepayment plans had made a study and concluded that ceilings on hospital payments were inconsistent with the reimbursable cost formula approved by the association. Delegate Anthony J. J. Rourke of California suggested that members of the council should be commended for "looking down their noses at ceilings"—an acrobatic that got a laugh from the house.

This was more than Clark could stand. "What's the matter with ceilings?" he wanted to know, breaking a self-imposed vow of silence at delegates' meetings. Dr. Rourke pointed out that ceilings based on national averages were hard on hospitals in high cost states like California, and Clark rejoined that a properly established cost ceiling included adequate provision for reasonable divergences. At this point President Norby interposed with a wise-crack, thanking Clark for his contribution to the discussion and hoping that it "marked an end to his years of self-denial." The schedule allowed only five minutes for discussion on this point, and the five minutes were up.

The only other point at which the delegates' interest threatened the time schedule was during the discussion of intern appointments, when it developed that hospitals have had conflicting instructions regarding interns who are commissioned officers in the armed services. Some had been told that these interns could not accept stipends from voluntary hospitals but could take pay from city, county or state institutions—a circumstance which might understandably affect the young man's choice of hospital, it was noted. Others thought it was illegal for commissioned interns to take money from any hospitals. Dr. Dallas Sutton of the association's Washington bureau indicated that a definite ruling was expected from the Comptroller General's office. Until it came, interns in the service would be ill advised to take hospital money. Dr. Sutton said, delicately omitting to mention what he thought about hospitals that paid it.

Discussion of other phases of the intern appointment program was completely lacking in the fireworks this sub-

## A.H.A. OFFICERS

President-Elect: Charles F. Wilinsky, M.D.

1st V.P.: Herbert A. Black, M.D., Pueblo, Colo.

2d V.P.: W. P. Earngey, Norfolk, Va.

3d V.P.: Very Rev. Msgr. Robert A. Maher, Toledo, Ohio

Trustees: A. J. Swanson, Toronto

Frank Bradley, M.D., St. Louis

Oliver G. Pratt, Providence, R.I.

Fred McNamara, Bureau of the Budget, Washington, D.C.

Delegates: Very Rev. Msgr. Charles A. Towell, Covington, Ky.

L. N. Hickernell, Vancouver, B.C.

Lawrence Payne, Dallas, Tex.

Frank S. Groner Jr., Memphis, Tenn.

Peter D. Ward, M.D., St. Paul



ject has evoked in previous years. Reporting for Dr. R. C. Buerki's internship committee, F. Stanley Howe of New Jersey described the plan as "like democracy, not the best possible plan but the best one so far"—a reasonable view that the delegates appeared to share.

The only question from the floor was raised by Dr. A. C. Kerlikowske of Michigan, who asked why the committee had decided on 12:01 a.m. (on the third Thursday in November) as the zero hour for notifications and acceptances. Dr. Buerki replied that the committee had dwelt on this point at considerable length and concluded that messages would get through faster at midnight than at noon, when telegraph and telephone wires are crowded. It was unlikely that administrators would have to stay up all night sending telegrams, he added. "File your notifications in the afternoon for midnight release and go to bed," he advised the delegates.

As one of three main phases of association work, education was the theme when the delegates reconvened after lunch. The other phases are standardization, which was featured in the Sunday morning session, and representation, which got attention Wednesday evening. As chairman of the council on education, Dr. Harold C. Lueth of Nebraska was impresario of the education act, during which various council chairmen and secretaries moved in and out of the picture, responding to their cues like well drilled actors in a complicated movie sequence. The evidence of educational accomplishment piled up impressively as the reports unfolded, with institute following workshop on the calendar and manual racing bulletin through the presses. It was the association's aim, Executive Director George Bugbee explained, eventually to produce a "five-foot shelf of hospital administration," including manuals covering every phase of hospital operation.

Moving from internal to external edu-

cation, Public Relations Chairman Florence E. King described the kits that are to be distributed to hospitals to help them tell their story to the public. Miss King also reviewed the association's program of press releases and conferences during the last year and concluded that good publicity about hospitals had outweighed bad publicity—including the celebrated articles in the *Woman's Home Companion*, she added. The nicest group of boys and girls refrained from comment.

## Riffle

At Wednesday night's meeting of the house, the microphones behaved better and the delegates worse. Dissenting voices were heard for the first time when, after some discussion, the delegates voted on a revised affiliation agreement recommended by the council on association relations and the board of trustees.

Held over from the Sunday meeting, the original motion to approve the agreement was amended to provide approval for a trial period of three years. Everybody wanted the same thing, it was clear (the nearest possible approach to 100 per cent joint membership in state and national associations), but there were a few who thought the new agreement was a step away from, rather than toward, this goal.

Another slight riffle appeared on the deliberative calm when the house discussed nursing recommendations of the Council on Professional Practice. At least two delegates felt that an association statement on practical nurse training left them out on a limb. These delegates, it developed, had worked with boards of education to establish training courses for practical nurses in vocational high schools, an arrangement which drew a worried frown from the council. After a brief discussion on this point and a few exchanges on the new accrediting service for nursing schools, which provides for hospital representatives as consultants but not as members, the report was approved—without comment from the floor on the touchy subject of hospital-specialist relations.



Left: Dr. Charles F. Wilinsky, and Dr. William Coffey of Milwaukee.



Delegates Mildred Riese, Detroit and Dr. Anthony Rourke, Stanford.

Reporting for the busy Council on Government Relations, Chairman John Hayes said the association had taken an official position on proposed legislation on 15 separate occasions during the last year. In addition, he stated, association officials had met several times with Federal Security Administrator Oscar R. Ewing to discuss possible areas of cooperation with the administration on national health matters. These meetings were informal and pleasant, it was reported.

Following the election of officers, the house heard President-Elect Charles F. Wilinsky in a gracious performance: "... very grateful ... mindful magnificent men who have filled great office ... humility ... limited ability ... every possible effort ... Resolutions mourning the late Dr. Frederick Wash-



Left: Frank Walter, president-elect of the A.C.H.A. Right: Sister Mary Reginald, Dr. J. J. Golub and Douglas Colman at House of Delegates.





Dr. Dwight Barnett of Harper Hospital, Detroit, Dr. Robin C. Buerki, and Dr. Donald C. Smelzer take an absorbed interest in the business before the house.

burn and praising Mary Roberts were approved. So was a resolution welcoming women's auxiliaries as association members under the newly revised by-laws. So were resolutions thanking Cleveland hotel and hospital people for their courtesies, and thanking the Hospital Industries Association. So was adjournment.

### Technical Toscaninis

A conductor need not be a virtuoso himself in order to evoke great music, but he does need to have a keen understanding of the technics and talents of his violins, woodwinds, brasses, percussions and other performers. Similarly, the administrator does not have to be a physician, or a nurse, or an engineer, or an accountant, but he does need a sufficiently broad knowledge of these and other technical fields to build their individual efforts into an harmonious whole and to evaluate the performance that results.

In a convention session devoted to finding out just what the front-office Toscanini has to know about each desk in the orchestra, the staggering range of the hospital administrator's responsibilities emerged as speakers and discussants presented the problems peculiar to various hospital departments. Speaking for the nursing department, Stanley Howe summed up the administrator's position with relation to all the technical areas of hospital operation: "He's an amateur who has to know the professional answers."

Among other things, for example, the administrator should understand food costs and service, sanitation and equipment, formularies, pharmaceutical manufacture and narcotic regulations; combustion efficiency, boiler control and air conditioning; the importance of radioactive isotopes in clinical investigations; the effects on hospital linens of chemical

treatment of domestic hot water in the laundry; accounting, inventories, budgets, medical records, cost records, production records, consumption records and other details that will enable him, with a hundred instruments playing, to detect a flat produced by a second violinist in the back row. Without stopping the music, he must somehow make the crring musician understand his failure and prevent its recurrence. Unlike Toscanini, the hospital administrator has no rehearsals.

In another convention session the assembled administrators listened to music from abroad, as speakers from Canada and Great Britain described the health programs in those countries. Interest in these foreign performances was great, but the response indicated plainly that hospital administrators like American music best, for all its occasional disharmonies. Dr. Bachmeyer sounded the right note. "We must be students of these problems and learn from these experiments," he said, commenting on the presentations from Canada and Britain, "but government performance in the operation of hospitals has not been such as to make us want to turn over more hospitals to government."

Speaking for Britain, Prof. A. Leslie Banks, who looked more like a conductor than most conductors do, had already warned his hearers that differences between the medical and economic situations in Britain and America made it dangerous for them to draw any conclusions from the British experience. The health plan in Britain was the inevitable result of long-felt needs and pressures, he said, and it was apparent that needs and pressures here, severe as they might seem at times, were vastly different. "Study our health services," he urged, "not as a thing to be feared but as a test-tube experiment from which you may at least learn what not to do."

Rev. Donald A. McGowan played the coda: "No government should do for the people what the people can do for themselves. Those who have courage to roll up their sleeves seldom lose their shirts."

### Bricks Can't Think

Like a cool wind on a hot day, a lucid statement from Rufus Rorem brought fresh thought to the stuffy deadlock about doctor-hospital relations. Attempts to distinguish hospital service from medical care are a waste of time, he said. There is no such thing as hospital service in the absence of medical practice; a hospital functions only when doctors give the orders. Whether the doctors are private entrepreneurs or salaried employees is immaterial. "The practice of medicine is a professional, not an economic concept, and its essential character is scientific attitude and procedure, not the degree to which institutional facilities are used. There can be no hospital service without medical care, and a hospital can arrange to provide medical service only through licensed physicians."

Hospitals cannot practice medicine, then, not because it's against the law but because it is contrary to observable fact. Thus, in Mr. Rorem's reasoning, hospitals and physicians are "natural allies in the war on disease, not natural enemies in the struggle for control over medical practice. By intelligent cooperation, hospitals and physicians can shape the form of medical service in America for many years to come. By conflict with each other, they will open a wedge for entrance of public control which may discourage scientific integrity in diagnosis and treatment and encourage bureaucratic formalism in administration."

Yet some conflict may be inevitable, another thoughtful contribution on another knotty question revealed. In a discussion of hospital organization and supervision, Dr. David Littauer described the medical staff as "that autonomous group which uses its professional privileges in the name of patient care to cut across all lines of authority and effectively disrupt the most carefully planned supervisory program." Unlike industry, Dr. Littauer said, the hospital breaks out of the organization chart in all directions, with professional, social, economic and occupational groupings and antagonisms whose complexity defies all understanding. "We are all familiar with the housekeeper who gives orders directly to nurses on the floors in-



stead of taking her problems to the nursing office, and with the administrator who disciplines the porter personally," said Dr. Littauer, making his listeners squirm. "In these instances the supervisor has lost authority over his worker, and the worker himself, confronted with authority from an unknown quarter, is disturbed, resentful and hence less efficient."

## Place in the Sun

Meeting at Cleveland in the shadow of coming events, the American Protestant Hospital Association voted itself a place in the sun. Henceforward, the association will convene by itself in the Spring; in 1950, the A.P.H.A. will meet in Chicago March 2 and 3, immediately following one-day meetings of its constituent Methodist, Baptist, Lutheran, Evangelical, Presbyterian, Episcopal and Salvation Army groups.

As explained by retiring president Chester C. Marshall and executive director Albert Hahn, the move was made to strengthen and unify the Protestant association, whose meetings have always been overshadowed and interrupted, like the preliminary bouts at a championship prize fight, by big things yet to come.

Judging by this year's performance, the preliminary boys are ready for independent billing. Dr. Edward J. McCormick of Toledo, for example, showed championship form when he lashed out at the closed staff concept for voluntary, nonteaching hospitals and pleaded for a place on the staff for the general practitioner, who needs hospital beds for his patients and consultants for his problems—aids that are denied him when the hospital staff is held sacred for qualified specialists.

Dr. Dwight Barnett struck hard at the union that struck Detroit's Harper Hospital last November; unionism and collective bargaining have no place in the hospital scheme of things, he said. Dr. Frank Bradley of St. Louis hit socialized medicine with quotations from "Alice in Wonderland," the Old Testament and the "Communist Manifesto," many of whose stated objectives (income and inheritance taxes, free education) have been achieved in America.

Congressman Ralph Gwinn of New York, the banquet speaker, punched the same bag when he said that "American people have deceived themselves too long into thinking our variety of socialism is different from the Marxist slave state throughout the rest of the world." Mr. Gwinn, who looks like Will Rogers,

Registering for the Protestant meeting are: Guy Hanner, Phoenix, Ariz., Alida Jacobson, Green Bay, Wis., and Robert E. Neff, Indianapolis. In the background is Albert Hahn.



said that we have been going down the road to socialism since 1913, when the first federal income tax was passed. He called on Americans to "man the political trenches and platforms" and combat socialism in next year's congressional elections.

Dr. Malcolm T. MacEachern was named president-elect of the association. He will succeed Dr. L. B. Benson of Bethesda Hospital, St. Paul, who took over the presidency from Dr. Marshall. Other officers elected were: first vice president, Leo Lyons, St. Luke's Hospital, Chicago; second vice president, John G. Dudley, Memorial Hospital, Houston, Tex.; treasurer, Ritz Heerman, California Hospital, Los Angeles, and executive director, Albert G. Hahn, Protestant Deaconess Hospital, Evansville, Ind.

Named as trustees of the association were Dr. Marshall, Col. Florence Turkington of the Salvation Army, Chaplain Granger E. Westberg, Rev. John L. Ernst, and Rev. John G. Martin.

## Ladies' Day

What the women's auxiliary members started last year in Atlantic City they continued in grand manner during their second annual conference. Not only did these delegates from all sections of the country lend color and new zest to the hospital proceedings, but their presence in substantial numbers serves as public endorsement of the voluntary pattern.

Last year they couldn't wait to compare notes on their pet projects; this year they busied themselves on matters of organization. With their constitutions remodeled according to the 1949 pattern, their by-laws freshened, and greater coordination of their various activities successfully accomplished, the hospital women of this country are going places.

Every day was ladies' day in Cleveland. Even so noteworthy a representative of the sterner sex as Dr. Morris Fishbein was introduced by Mrs. Amos

F. Dixon, the A.H.A. chairman of women's hospital auxiliaries, as Mrs. Fishbein's husband. For which no apologies were in order, for among hospital women Mrs. Fishbein stands second to none.

As counselors to the auxiliary members on matters of medical progress, financial problems of hospitals and the voluntary health program, Dr. Fishbein with Dr. Albert W. Snoke, director, Grace-New Haven Community Hospital, New Haven, Conn., and George Bugbee of the A.H.A. set the pace, which proceeded fast and furiously. Not satisfied with two performances a day, the women returned after hasty dinners for further participation in group conferences during which they really got to work on such projects as gift shops, tea rooms, libraries and more organization.

If auxiliary by-laws appear inadequate or outmoded, something should be done about them, and now. Mrs. H. G. Wunderle, president, Women's Board, Abington Memorial Hospital, Abington, Pa., suggests the prompt appointment of a by-laws committee whose first function it would be to study by-laws generally, and finally arrive at those which would seem best adapted to the particular institution. Above everything else they should not conflict with those of the board of trustees, and all committees included should receive board approval.

For those who remain uncertain about the proper size of hospital auxiliaries, Mrs. Lee Tollefson, president, Women's Auxiliary Section, Association of Western Hospitals, has the answer! Worry less about the size of the group, and more about the size of its contribution, and you'll get farther. Of course, the greater the number, the more successful the interpretation of hospital service. And that is the basic function of women's auxiliary members as Dr. Charles F. Wilinsky, executive director, Beth Israel Hospital, Boston, had previously explained. "You are interpreters of what the hospital symbolizes."



A.C.H.A. President presents honorary fellowship to Msgr. John J. Barrett . . . and Mary Roberts; certificates to members.

Another pertinent point is what to do about the numerous auxiliary groups which have grown up in hospitals during the years. The answer is to coordinate them. This is essential if we are to have a united team, according to Mrs. Frank L. Weil, chairman, Committee on Women's Auxiliaries, United Hospital Fund of New York. There must be common aims or goals, all groups must work together as equals and in harmony with one another. Older groups bring experience; younger groups, enthusiasm and fresh outlooks.

Such coordination helps, too, in achieving representation on the board which is highly important. And Dr. Wilinsky, among others, stated emphatically that women should have representation on the hospital's board of trustees.

## Trustees & Tenure

Like stenographers, insurance salesmen and atomic physicists, hospital administrators are interested in job security—or, in the dignified term favored by the professions, tenure. So the 600 administrators at the annual banquet of the American College of Hospital Administrators at Cleveland September 25 listened intently to President Jessie Turnbull's annual report, which told of progress made by a tenure committee that has been studying administrator-trustee relations carefully for the last year.

The committee, whose report will soon be ready for release, Miss Turnbull said, was organized chiefly in response to the growing feeling about termination of administrative appointments but has approached its task conscientiously with a view to improving understanding of the relationship so that both trustee and administrator may work more effectively.

Whatever the committee's findings and recommendations may be, the college convocation earlier in the day indi-

cated that a growing number of administrators are taking the surest road to job security—education. With 200 nominees, 115 members and 19 new fellows taking part, the convocation was the largest in the college's 15 year history. Honorary fellowships were awarded to Rt. Rev. Msgr. John J. Barrett of Chicago, president of the Catholic Hospital Association, Mary M. Roberts editor emeritus of the *American Journal of Nursing*, and, in absentia, Dr. Claude W. Munger, former administrator of St. Luke's Hospital, New York, and a past president of the college.

Presenting the first annual Arthur C. Bachmeyer Address, made possible by alumni of the University of Chicago's hospital administration course, Semantist Stuart Chase told his banquet audience that the social sciences would answer the question, "How to live with everybody"—which is our greatest concern today.

Reporting the results of a study of achievements in the social science fields, Mr. Chase listed a number of specific accomplishments that are making man's behavior predictable. Describing in particular the famous "Green Room" studies of worker motivation that were reported by the late Elton Mayo at the Hawthorne Works of the Western Elec-

tric Company, Mr. Chase said that the myth of "economic man" was being destroyed by the scientific approach to human problems. These new facts have tremendous significance for the administrator, he declared, urging hospital people to take advantage of the emerging knowledge of how people behave and why.

There is a greater need and place for trustees in our present society than ever before. They are an important means of keeping our social institutions in the hands of the people. Furthermore, recognition of their importance has increased with the years. Both John Calhoun Baker, president, Ohio University, and Edward K. Warren, president of the Greenwich Hospital Association, Greenwich, Conn., speaking before the educational session of the college, were agreed on these points.

This presupposes intelligent trusteeship, however, and not the casual, disinterested type of government characterized aptly by these speakers as "rubber stamped." If trustees don't serve ably, laws will be passed curtailing their rights and responsibilities, warned Mr. Baker.

Mr. Warren's thinking is along the same lines but expressed as follows: "If we do not make policies to meet present challenges our endowments and properties will unquestionably pass from our jurisdiction to national socialized hands." The faults of our present hospital system are evident, Mr. Warren holds. First, is the lack of proper distribution of hospital beds; second, the cost of those hospital beds. These remain prohibitively high for many of those who must use them.

Despite the many faults attributed to trustees, ineffective boards may frequently be attributed to ineffective management. One of the most important functions of the board, as Mr. Baker sees them, is that of selecting able management.

### A.C.H.A. OFFICERS

President-Elect—Frank J. Walter  
Portland, Ore.

1st Vice President—Clyde L. Sibley  
Tuscaloosa, Ala.

2d Vice President—Edna H. Nelson  
Chicago

#### Regents:

Mark H. Eichenlaub—Region 3,  
Pittsburgh

Frank Groner—Region 6, Memphis

E. I. Erickson—Region 9, Chicago

Mrs. Josie Roberts—Region 12,  
Houston, Tex.

Andrew F. Anderson, M.D.—Region  
15, Edmonton, Alta.



# "GOOD SHOW" According to Convention Critics

## A MODERN HOSPITAL ROUND TABLE

**MR. CUNNINGHAM:** It is estimated that several million dollars are spent on the total expenses of all the people who come to these conventions. Actually that is directly or indirectly an addition to the nation's hospital bill. Does the nation get its money's worth?

**MR. MILLS:** Well, I think the nation will get its money's worth out of this convention because the emphasis throughout has been on how we can do a better job of taking care of the people.

**MR. CUNNINGHAM:** I don't doubt that the purpose of the meeting was worth while. Was it achieved?

**MR. MILLS:** It is hard to evaluate, of course. At the final meeting, Dr. Buerki got up and said that we pretty well agreed here on the program, and Joe Norby said the most heartening thing to him about the whole situation is that government sponsorship and control and provision of medical and hospital care are not inevitable, but there was a very strong implication that we have to work in our own localities to see that the job is done.

**MR. CUNNINGHAM:** Here is something that I think would be important. Is there better agreement today on what is needed and what is going to happen and how it is going to be done than there was a week ago?

**MISS KING:** I think that meeting all these people and hearing their stories, we have come to a little more agreement.

**MR. MILLS:** Here was a program that had been prepared by a lot of councils and committees and staff people at headquarters, but it doesn't become the official program until this meeting happens and the delegates and folks in the general assembly give it their approval. Then we can all go ahead with the program.

**MR. CUNNINGHAM:** The function of the meeting is to pull everybody together and say let's go. Is that it?

**MR. MILLS:** Yes. One of the things that surprised me about this meeting was the almost complete lack of controversy. Maybe there was some, but I couldn't find it. The fact is that we dodge some of the controversy, I think. Take this matter of the Hess report.

**DR. LUETH:** One of the reasons that people are dodging is that they are not wholly clear about the implications of the report. This is not only

To help readers who attended the convention evaluate the experience and to give readers who couldn't go a better understanding of what happened, *THE MODERN HOSPITAL* invited a group of administrators to take part in an informal discussion of convention events and their significance. The discussion took place at Cleveland immediately following the final convention session September 29. Participants were Florence King, administrator of Jewish Hospital, St. Louis; Dr. Harold C. Lueth, dean of the Uni-

true of the Hess report but of other matters. Are we going to have one or two kinds of nursing, for example?

**MR. CUNNINGHAM:** Let's stay focused on the convention. Say you've got a problem with the relationship between your hospital and a specialist. Do you come to the convention hoping to get help on that problem?

**MR. LAMLEY:** I think that of the thousands who came to the convention, there weren't any two of us who came here with exactly the same goals in mind. There were those who came to the convention to look at equipment. There were those who came to the convention because it is the thing to do. There were some of us who came to the convention to get out of it what we could get from the meetings, from our social affairs and from informal gatherings. I think from a "does it pay?" standpoint it would be hard for any administrator to attend a convention such as this without taking back to his hospital something of sufficient value to pay his expenses.

**MISS KING:** Some of us aren't too familiar with the things that might be controversial. Some of us are a little timid to discuss some of these things. When I started going to conventions, and this is my fifteenth, we used to give much time to discussions of whether to weigh the garbage or not. I have seen whole sessions given over to arguing whether a meal costs 17 cents or 34 cents. We have raised the plane of our discussions now, and most people are not quite so familiar with what is presented and are likely

to be hesitant about discussing it. **MR. MILLS:** I want to mention that, too. This convention differs from any convention I have ever attended because it has been much less on technical and administrative detail and much more on the broad problems facing the entire field. Our speakers have been drawn much more from experts outside the hospital field than they have from administrators and medical educators and nurse leaders. Our regional and local groups must fill in the gaps and possibly talk about weighing the garbage . . .

**MR. CUNNINGHAM:** There was quite a bit of talk about weighing the garbage, I thought.

**MISS KING:** In this meeting?

**MR. CUNNINGHAM:** Yes. Did you attend the meeting yesterday morning when Dr. Kreeger was talking about the percentages of flatwork and rough dry?

**MR. MILLS:** That was the one session that was devoted to it.

**MR. CUNNINGHAM:** Here's an interesting thing. Dr. Kreeger got more comments than anyone at this convention.

**MR. LAMLEY:** I was talking to some of the administrators after that session when they had all the departments, and one of them remarked to me that she got more out of that meeting than she could get out of many, many nights of reading at home. She had really picked up some pointers on what she owed to her departments.

We do have this national convention on a high level, there is no question about it, and it is directed mostly

at the large medical centers. There isn't very much in it for small hospital people except to sit back and listen to the learned express themselves. I had the suggestion made to me that at this convention one day should be devoted entirely to the small hospitals and their problems. That day then could be used for the many association activities, and so forth, of those who aren't interested in the activities of the small hospital.

MR. MILLS: When we abandoned the MacEachern-Jolly round table we used to have on the closing day of the convention, we lost out on that. There is another thing that has been very noticeable to me, and that is the almost complete lack of opportunity for audience participation.

MR. CUNNINGHAM: Is that good or bad?

MR. MILLS: It's good in some ways, but it's bad from the point of view that has just been mentioned. You don't feel as though you have had a chance to take up your particular problem. You have to do it in the corridors. You can do it that way, but it isn't quite as satisfactory. It is worth while to have some opportunity for people to ask questions, to state their opinions, even if it has only a psychological value. It is nice to go home and be able to say, "I told those guys in Cleveland just what I thought about such and such."

MISS KING: I suggest we have more microphones because I think that more people would comment if they were nearer one. One thing I noticed was that the migratory habits of the audience have diminished greatly. I think that people sat still and showed their intense interest in the program. You talk about the little hospitals. The little hospital people sat through those meetings. They didn't wander as they have at other times, and I think that's very . . .

MR. CUNNINGHAM: Would you say their manners are improving?

MISS KING: Well, it is not only a matter of manners, it's a matter of interest.

DR. LUETH: That's right. More significant than that—there was a full house at almost all the sessions.

MR. MILLS: Had to turn them away.

DR. LUETH: Certainly indicative of a high degree of listener participation, if not active vocal participation.

MR. MILLS: I'd like to comment on one other thing. As far as I am concerned the apparently smooth and effective way in which the women's auxiliary groups have been brought into the A.H.A. seems very significant. The biggest lack we have in the association today is trustees, and while there were a few of them here, I wish



HAROLD C. LUETH, M.D.

we had had a far bigger group of trustees. I think an action on trustees similar to what has been done on women's auxiliaries is the next great step forward in strengthening the whole hospital picture.

DR. LUETH: Don't you think that some of the general discussions leading to appreciation of social forces and appreciation of some of the organizational structures and community responses are going to go a long way toward conditioning people in hospital administration to draw their trustees in?

MR. CUNNINGHAM: Did you have in mind a parallel program aimed specifically at the trustee, or bringing the trustee into the present program?

MR. MILLS: I think the trustees can come into the present program, but essentially as trustees, not just as a small afterthought. And I think this is vitally important: Trustees don't want ready mixed breakfast food. They want the real stuff. I think that is a fundamental view that we are going to have to adopt if there is any possibility of enlisting the interest of trustees. They want to deal with the real meat of the program. They don't want a lot of stuff made simple and easy.

MR. CUNNINGHAM: You are in a bad spot there because if you don't predigest it you may go beyond his interest or you may not attract enough of his time to make it possible to teach him anything.

MISS KING: I was just wondering if through the women's auxiliaries, now that they have gotten so enthusiastic, may we not hope to do more work with the trustees? A great many of these women's auxiliary members are the wives of trustees. . . .

MR. CUNNINGHAM: They are wives of trustees, and they aren't lawyers or bankers or businessmen with busy days.

MISS KING: That's true, but I mean they may carry back enthusiasm about our convention. All the women I have seen buzzing around have been extremely enthusiastic, and they seem like an intelligent, fine group of peo-

ple. If they go home discussing some of these things, they may awaken some interest in the trustees.

MR. LAMLEY: I think time is the point there. You can't get your trustees to conventions such as this, miles away from home. It is the busy man on your board that you really want to get informed. A trustee program must be a local program.

MR. MILLS: They are certainly going to start with a local program, but I think it will extend to the national program just as soon as we make it worth while for trustees to come. When a program is good enough trustees will come, no matter how busy they are.

MR. CUNNINGHAM: As I look through this program, only two or three sessions wouldn't have trustee appeal. This approach is right for the trustee. Certainly this afternoon Ginzberg's stuff and Hawley's stuff were right for the trustee. Many of the programs have been just as broad as you can make them. The meeting this morning, for example. Did you hear Dr. Coyle? There is something that is both broad and practical.

MISS KING: I think the architects' program, too, will attract the trustee. Our architect has been here for the entire meeting. He wasn't interested just in their sessions but in all of them.

MR. MILLS: I am delighted that we have Dr. Lueth so actively interested in hospitals. I wish we had more medical educators, because the trend is definitely toward more social medicine. This convention illustrates it.

Social medicine is the great problem today, our great opportunity today. I had a little discussion last night with Dr. Bluestone, and it is just like charging a battery to talk to that man for a little while! He was talking about the home care program. They have started the home care program in the city hospitals in New York, and already they have saved \$15,000,000 in hospital construction by the number of people they can take care of at home! Unfortunately, that particular item didn't appear in the program as such, although the whole emphasis of the program was in the direction of social medicine.

However, if we are going to have social medicine, we have to have doctors who are interested in social medicine, and it would be desirable if more medical deans or assistant deans could join with us and help us get this point of view across to the rising generation of doctors. Maybe we can do something with interns and residents, but even more can be done in the medical schools.

MR. CUNNINGHAM: Now you are back on hospitals and doctors, and I



would like to come back to a point we left hanging in the air—and that is the specialty problem. Certainly there are principles involved in that particular problem that need illumination for most hospital people. Was this the place to have done that?

DR. LUETH: I expressed disappointment that it wasn't done more fully.

MR. CUNNINGHAM: You seemed to think that nothing could be gained by discussing it here.

DR. LUETH: If I said that or implied it I didn't have that in mind. I had in mind really that there was a reluctance to express oneself largely because people didn't know all the forces involved. I think we have to know a good deal more about the habits and the details of the specialties. How much time is needed for specialty work? How far can we study these people by job analysis? How far can we go with ambulatory and home care? The fact is that people see so many sides to it they are just afraid to express any opinion.

MR. CUNNINGHAM: Also it isn't fair to say it was ignored, because if any of you heard Dr. Rorem's paper, he hit it head on.

MR. MILLS: Much more could have been done had there been representatives of medicine, of medical practice, of specialty practice. This is becoming an acute problem. Even when you have excellent men in the full-time specialties who are quite happy about their relationships, they are being needed by their societies all the time if they don't conform to what the society considers the accepted practice.

MR. CUNNINGHAM: Can you solve anything like that by talking about it at a convention?

MR. MILLS: We all can learn something by finding what the principles are on which and by which such a problem can be solved, and how various people have applied those principles successfully in the interest of the doctor and the hospital and, most particularly, the patient.

MR. LAMLEY: In conversation with a lot of administrators of small hospitals I found they are troubled with the problem of referrals. How can they stimulate a greater number of referrals from their staff members? How can they provide specialized types of services? How can they restrict certain types of practice that leave some doubt in their mind? Those are problems that a number of people said they wished had been explored at a little greater length. Those are pretty difficult problems, but because we made such good headway in some of the other phases of hospital administration it might be well to consider those in the future.



FLORENCE KING

MR. CUNNINGHAM: Pity the program planner! He has just so many hours and so much to discuss and so many people—and he has to be wrong on something.

MR. MILLS: I'd like to compliment the program planner on one thing. Every convention I have gone to heretofore there were so many difficult choices to make because you wanted to be three or four places at once. In this program there was only one time when you had that. That is good planning as far as I am concerned.

MR. CUNNINGHAM: There was only one time when you were torn. Should there be any time?

MR. LAMLEY: I think at the local meetings, at Tri-State and Upper Midwest and places like that, it pays to have all the sectional meetings. I am very strong for this national program as is.

MR. MILLS: May I go back and pick up something that was mentioned about this matter of referral? I think that indicates a shift in emphasis from quantity to quality. There is more interest today in the quality of what we are doing than there ever has been before. We are much interested in what actually happens when the doctor is working with a patient, and that is significant.

DR. LUETH: We are all interested in quality. We want everybody to get medical and hospital care, but we also want them to get good quality service.

MR. CUNNINGHAM: The doctor is likely to say it's none of the hospital administrator's business.

MR. MILLS: That isn't true. We can't be the administrator of just half the institution.

MISS KING: I think the heartening thing about this convention is that we will all go home feeling that hospital people are no longer interested in trivia—that they are interested in quality, and their whole plane of thinking has been elevated. It is encouraging to think that people are interested in quality more than they

used to be. The audience sat through these programs, which showed they approved the subjects and were interested. We all sat down and behaved ourselves. We showed our interest. I think the program was beautifully planned.

You interested me a minute ago when you mentioned the patient. I looked at the program, and the word "patient" didn't appear until page 29, but your comment on trustees leads me to say that "trustee" was mentioned on page 25. He is ahead of the patient!

MR. CUNNINGHAM: When the patient finally got mentioned on the platform by Father Flanagan, he really got the full treatment.

MISS KING: Nursing wasn't mentioned until page 16, but the trustee got ahead of the patient so maybe we will eventually interest the trustee. Actually, of course, we were planning for the patient and talking about him all the time.

At other conventions it has seemed to me that the greeting was not, "How are you?" but "What are you paying general duty nurses?" I didn't have a soul ask me that this time. It seems people have gotten away from those details and are really thinking.

MR. LAMLEY: I honestly don't remember having talked salaries either. I was in bull sessions with friends of mine. . . .

MR. CUNNINGHAM: And what were the subjects?

MR. LAMLEY: Most of our talk was about what we can do in our hospitals to avoid the government stepping in and taking us over. There was also quite a bit of discussion on the training programs for personnel. That started with the human relations talk at the college banquet. That theme carried all the way through the program, and this morning it was emphasized. The aim was to try to get the administrator conscious of the fact that he can't expect people to do things if they don't know what he wants them to do. The common sense that underlies the whole thing has been amplified in the association's booklets, and today the hope was only to get enough interest in those people so that they would go home and pick up the book and see what's in it.

MR. MILLS: I'm awfully glad you mentioned the college, because the college program did bring trustees into a most prominent position, in a very effective and useful way.

MR. LAMLEY: Here's another point: I was walking around with one friend, and I asked him if he was going to the afternoon session. He said he was going down to look at the exhibits. I said, "Do you mean you are going to

take all afternoon down there?" He said, "Yes, we are building another addition, and I came to the convention to buy equipment." I asked if he had gone to the discussions. He said he had attended one or two, but when he got home he would pick up some magazines and read all the things, and he would save time because they would tell him all he ought to know.

MR. MILLS: I spent a full day at the exhibit myself, and I try to do that because it is the best chance you can ever get to do comparisons. Some time ago I was interested in bassinets. You could go from exhibit to exhibit and look at every bassinet there is and compare them, and if you then had a question you could go back. I think it is wonderful education for the fellow who has some responsibility in that field.

MR. LAMLEY: Yes. We are putting in a new laundry. I got to see laundry equipment set up there.

MR. CUNNINGHAM: You could do everything but get your shirt washed down there.

MR. LAMLEY: There are little things you pick up running around the booths. I don't know whether you have noticed this caster that's self-locking. You start your cart down the hall, and when it gets in one direction it locks and it takes pressure to move it.

MISS KING: I was hoping the conversation would get around to the exhibits. When we started out we talked about whether our trip would pay for itself. I saw that lift they had to lift people into the bathtub. We are planning a chronic invalid addition. I can't wait until we get one of those things. It seems to me that any institution having old people who are difficult to get into a tub would be interested in that, and perhaps the purchase of one piece of equipment like that would save the time of an orderly. If we begin "dollars and centsing" this trip we could realize that seeing some piece of equipment would save us many hundreds of dollars.

MR. MILLS: I came here wanting to employ some personnel. I was able this afternoon to interview a young fellow and we talked the thing over. It became apparent after a little further talk that he wasn't interested in my particular job. I probably saved the cost of his traveling from where he lives out to my place for a personal interview.

MISS KING: I think you are cruel. You denied him a trip to that fairyland.

MR. LAMLEY: The Huron Road Hospital should be commended for the display or demonstration on admission procedure. I thought that was fine.

MR. MILLS: That brings up another



CARL LAMLEY

thing. I had a chance to talk to Dr. Arestad about medical education problems that we have. I'd been trying to do it by mail, and it hadn't worked. Now he gave me the information I need to get the answer. That is a big help.

MR. CUNNINGHAM: Maybe we ought to have a convention every month.

MR. MILLS: No, but we all come here for a lot of things that don't necessarily come out of the printed program. One thing that is especially important to us who are quite distant: we come here to get inspiration. You just can't get away from the fact that that is of value. We go home with new ideas. I have enough new ideas now to keep me going for years. We do come away with enthusiasm and things to do.

MISS KING: Everything moved smoothly and every session was over on time. It is interesting to note that we had so many outside speakers, people from other fields. The timing was good, and I believe the people read your editorial about jokes, and . . .

MR. CUNNINGHAM: There was one Negro anecdote. It was a pretty good one though.

MISS KING: That was such a good suggestion. But the speakers started off with the meat of their speech . . .

MR. CUNNINGHAM: No introduction such as "That reminds me of a story . . ." I think we have come a long way.

DR. LUETH: I'll risk the statement that hospital administration is really getting up to professional status, because we are putting on a dignified, high-grade professional program. A few years ago we had what amounted to a vaudeville comedian and I think we have completely outgrown that character type in this program.

MR. CUNNINGHAM: How about the discussion type of program, such as the last one this afternoon, with a half dozen people who come in for short takes? Is that the right technic for presenting these things?

MR. MILLS: When I left the hall this afternoon the past presidents of the association were discussing the afternoon papers very much to the point. Every one of them made extremely significant remarks. At one other session I went to, it seemed to me that only a few hit the ball.

MR. CUNNINGHAM: Was that a difference in talent or subject matter or technic?

MR. MILLS: Talent. The subject matter was just as good in both cases.

DR. LUETH: The discussant who is on the point and carries it through really generates the whole conversation so that many people leave the hall and continue the discussion with their neighbors and friends. I'm afraid that a lecture by itself has less carry-over value for the audience.

MR. CUNNINGHAM: We could call this new method a compromise between the straight, dry lecture and the open discussion where nine people in a row get up and say, "Well, at my hospital things are a little different." Then there they go for fifteen minutes.

DR. LUETH: With the right panel selected I think it is an excellent technic.

MR. CUNNINGHAM: Referring to that session this morning on human relations, the thing your panel brought to the program was a sort of gap-bridging function between the theory presented by the lecturers and the application as you made it in your own hospital.

MR. LAMLEY: The criticism I had of the panel this morning was that none of us were told we were going to be asked to present our program. Milo Anderson and I could have very well demonstrated the difference in conference technic that the two of us use, if we had known we were to be called for. But we had no idea what they wanted us to say or how long they wanted us to talk. It put us in a pretty tough spot to try to describe the program in a couple of minutes and still get across the points they wanted amplified.

MISS KING: I think we in the audience were impressed with the responses made. Also, we talk about the small hospital not being included, but the person who represented the 50 bed hospital this morning had a good program and good application.

MR. MILLS: I still would like at some spot, even if it is Friday, to have a MacEachern-Buerki round table that is just a free-for-all. Anything goes and just answer off the floor, merely for the purpose of letting folks who came for a particular problem get the help they want. I don't think that anybody who doesn't want to stay need stay, but to have that on Friday morning

was a fine thing. It was a safety valve. It wasn't a part of the planned program. No action was taken, no resolutions passed, no nothing—but people exchanged experiences. I think there is a place for that even in a big organization like this, and if we don't do it here then I think it is quite important that we do it at the regional and state meetings.

MR. CUNNINGHAM: I think that's the place for it. You have too many people here. The number of people who will get up and talk in a room that has 1000 other people in it is confined to those who . . .

MR. MILLS: If Buerki and MacEachern are leading it they will.

MISS KING: You couldn't have them at all these regional meetings. Those two leaders wouldn't be there. That's what we need.

MR. CUNNINGHAM: You have to have an exceptional talent to put on a performance like that.

MR. MILLS: That is correct and they have it. There are other people who do, too, but there are very few people who can evoke a response from that big a group. But there are some and they ought to be used for that purpose.

MISS KING: I think that it fills a great need in our meetings. Certain people just live for those round tables and love them. Shy little nuns who wouldn't ever speak up always felt at home with Dr. MacEachern and Dr. Buerki and in the old days with Mr. Jolly.

MR. CUNNINGHAM: Have they ever had that kind of program at the medical meetings?

DR. LUETH: Yes. We have had programs with the idea that people could write questions and they would be answered, but the number of questions submitted diminished. Then we attempted this kind of thing, or the MacEachern-Buerki thing, and they are just sellouts. People pose all sorts of questions, at big meetings. I think the success of it is exactly what we have all said. You have to get a man who has the knack of generating ideas and breaking the ice so that they will come forward.

MR. MILLS: Jim Hamilton does a beautiful job of it. There are a dozen people who do. That kind of leadership is not widespread, but there are a lot of people in this field who take hold of a question and get the full benefit out of it.

MISS KING: There's something about them. I think there is a little of the Billy Sunday spirit in a lot of us. People in a big meeting will get up and talk who would never have opened their peepers ordinarily.

MR. MILLS: The good leader will



ALDEN B. MILLS

take an answer that is only half-baked but out of it he will develop principles that we can all take home and apply. That's the key to it.

MR. CUNNINGHAM: It's the genius of Socrates—the teaching talent that very few people have.

MR. MILLS: We have enough in the hospital field so we can do it.

MISS KING: And it gives the more timid soul the spirit of participation and meeting people. I think it does a lot for them when they have gotten up and had their little say-so and asked their question.

MR. MILLS: Or made their statement. You always have a few that have to make a statement.

MISS KING: We haven't mentioned the influence of the trained hospital administrators and the interns in hospital administration who have been here. A number of them have talked to me, because I knew some of them at Washington University, and they have asked me, "Do the people resent us? Are the older people resenting our intrusion into the field?"

MR. CUNNINGHAM: Really? I'm astonished. I didn't know there was that.

MISS KING: I have had several ask me and of course my answer is I think they are a very wholesome influence and they will do a lot to pull the rest of us up by our bootstraps. I think it is very wrong for some people to resent them. I think we ought to welcome those people; they should be recognized.

MR. LAMLEY: I'm one of those graduates and my experience certainly has been one of welcome all the way through. I have never felt that I was being shoved aside in any way because of being one of the graduates. Very much the opposite. I do know that some other graduates have felt they were resented. I think if we diagnose the thing it is usually because they have expressed criticism without knowing the facts, on the basis of the ideals which they have been taught rather than on the basis of taking the

ideals and applying them to circumstances.

MR. CUNNINGHAM: Like the fellow that wrote to me last month and said why didn't I get out of that ivory tower and quit smoking marijuana and come out and see what a hospital looked like!

MR. MILLS: Well, now, some doctors resent nurses getting bacteriology and physiology. It is the lower fringe of people that are going to resent the well trained. They feel insecure, rightly so.

MR. CUNNINGHAM: I chatted with a few exhibitors and they are very conscious of the difference. One in particular said, "These young men know what they want, they know what information they are after. They talk, they listen, they decide—and it is vastly different from the way it used to be a few years ago."

MR. MILLS: That will have a beneficial effect on the hospital industry because that means that the people in hospital industries will have to have an equally high quality of representatives or they are going to lose out. You can't buy a drink for an administrator and get his order when you are up against this kind of thing. You have to have the goods as well.

MR. CUNNINGHAM: Or the goods alone. . . . There still remains one other general subject that I think is important and that is the convention as an agency for general hospital public relations. The conventions today are in the papers; Miss King's department functions capably and these discussions get recorded pretty fully. Is that important?

DR. LUETH: That's why we should keep it on a high level, and isn't it an indication that it is on a high level? The *New York Times* finds it worth while to send a reporter and to print the very interesting factual accounting of what took place here. I think that general public relations is significant.

MISS KING: All the speakers from other fields seemed so familiar with hospital lingo and hospital ways. I was impressed with their familiarity with our problems. They seemed to know hospitals much better than they would have five or ten years ago.

MR. CUNNINGHAM: I thought Dr. Coyle, especially, showed a fine awareness of the hospital.

MR. MILLS: The thing that has me a little baffled is what to do about the problem she described so beautifully. How can we break down the system of class distinction? I have it, you have it, everybody has it. What is the answer?

MR. LAMLEY: We didn't get the answer at our Galesburg conference.

We came up with the idea of using the conference technic—in other words, have your radiologist and your director of nursing and a floor nurse and then maybe an assistant engineer sit down to discuss the problems within the hospital. Have a number of those groups, and confine them to human relations problems. Get them conscious of what you are conscious of. Then of course we have to add to that all the other training devices. We aren't going to cure the thing overnight.

MR. CUNNINGHAM: I think that Dr. Coyle's aim was getting an awareness that these things exist and are normal. She had a wonderful phrase when she said, "Use the organization's informal social structures as a lubricant." It suggests things. Maybe it's giving an elegant label to something everybody knows, but it's powerful.

MR. MILLS: Because we came out of the nursing orders, because they

have had a heavy participation in the military, the idea of discipline and semimilitaristic organization in the hospital persists quite strongly, and it is very hard for many people in hospital work to grasp the concepts of democracy and apply them.

MR. CUNNINGHAM: It's hard in the steel business, too.

MR. LAMLEY: I think one of the most obvious defects in the hospitals today is that we think efficiency is running. We don't think before we run. If you will just go out on the floor and watch the nurses they are going like mad, but 25 per cent of their motions are entirely wasted. They have been trained to just run. They are either sitting or running. There doesn't seem to be a happy medium.

MISS KING: That's the matter of "pace" Mrs. Gilbreth talked about.

MR. CUNNINGHAM: I'm the barbarian of this group. I only know

hospitals as a patient. But I think you may find pretty much the same conflicts every place else.

DR. LUETH: That's true.

MISS KING: In the hotel, for example.

MR. CUNNINGHAM: Sure. You have a heightened tension in the hospital, unquestionably, but I'm not sure the relationships are as different as hospital people frequently believe they are.

MISS KING: We have always acted as though we were a little different in the hospital field. We always say, "Well, our problems are different."

MR. CUNNINGHAM: It's bad, but my point is that it isn't peculiar to the hospital field. The bank has its class system, too. Marshall Field's retail store has a dining room where the executives eat where the common employees don't eat, and I don't believe it is very different in the hospital from what it is in life generally.

## A TRUSTEE LOOKS AT THE CONVENTION

By EDWARD K. WARREN

President  
Greenwich Hospital Association  
Greenwich, Conn.

*With increasing trustee participation in hospital affairs, trustee attendance at hospital conventions has been growing in recent years. With the thought that it might help convention planners to see the meeting through a trustee's eyes, The MODERN HOSPITAL asked a hospital trustee at the Cleveland convention for a report of his impressions.—ED.*

While there is no question in my mind that my attendance at the American Hospital Association convention was very worth while, and I urge other lay trustees to attend whenever possible, nonetheless to a lay trustee the program seemed rather heavily weighted toward the interest of the professional. If greater lay participation and attendance are desired, there should be better differentiation in the program. The programs for the layman should relate clearly to policy and include the participation of a greater number of lay trustees.

I don't believe that in a two-hour session one can digest more than two prepared speeches, and the 10 five-minute speeches which introduced one session were beyond any layman's ability to absorb. The time limit did not

permit the speaker anything but generalization or such a rapid enumeration of statistics that they blurred.

The great interest to me is that the central concern everywhere was the participation of government in the future of hospitals and the practice of medicine. There appeared to be general agreement among those present that they did not desire anything which would bear the label of socialized medicine, but unfortunately there was no agreement evident as to the course of action to be offered by the hospitals as a substitute.

There is doubt as to the ability of the voluntary hospitals by themselves to make effective any such program, and the absence of cooperating official spokesmen for the medical professions was noticeable and unfortunate.

The programming arrangements forced a selection of either the general sessions or special sessions and precluded attendance at both. It would seem to me that it is a question of major policy on the part of the American Hospital Association as to whether it is going to throw its emphasis on broader matters of policy or on multi-

tudes of small institutes of interest only to specialists.

The Tuesday afternoon session on the subject of "Approaches to the Distribution of Hospital Care" was an excellent example of topic, and treatment of topic, to quicken the interest and sharpen the thinking of any lay trustee in attendance. It was unfortunate that time for the panel discussion was so brief.

One of the encouraging aspects is the great increase in numbers and understanding of the representatives of the auxiliaries, whose enthusiasm will go a long way toward influencing the reaction of public opinion to the hospital's program. The direction of the expansion of federal participation in hospitalization will be governed by public vote, and that public demand will be very responsive to the leadership of organized women.

In the exhibition hall the interest of the trustee was, of course, directed to the educational exhibits, showing what public or private agencies are accomplishing or planning. The bulk of the other exhibits was properly keyed to the administration within whose province they fall.





## Introducing **MOUNT SINAI** of Minneapolis

**WILL O'NEIL**

Executive Secretary  
Mount Sinai Hospital Association  
Minneapolis

A VOLUNTARY hospital that would provide facilities for teaching and research, as well as for the care of the acutely ill, was the dream of the founders of the Jewish Hospital Association of Minneapolis four years ago. The dream will become a reality in the summer of 1950 when Mount Sinai Hospital will be ready for its first patients.

The 200 bed, \$3,500,000 institution will be operated as a nonsectarian hospital. Race or creed will not be considered in the selection of staff or in the admittance of patients.

The site of the hospital is in the center of the Minneapolis "hospital belt," midway between the University of Minnesota Medical Center and the major downtown office buildings. The property, which occupies an entire city block, is adjacent to a new park being developed by the city. Public transportation service is good, and there will be ample parking space for both physicians and visitors on the hospital property.

The seven-story building was designed in a modified T-shape to provide maximum accessibility and flexibility. The elongated crossbar of the T extends east and west, with the base pointing south.

A small auxiliary wing in the center of the north face of the building is reduced to half of its ground level size in a setback above the second story level.

There are four entrances on the north face of the building. The main entrance, for ambulatory patients and visitors, opens into a spacious lobby in the west wing. Private admitting offices and a reception room are adjacent to the lobby.

The ambulance entrance and the private entrance for physicians, which opens off the physicians' parking lot, are in the small north wing. The ambulance entrance also serves as the

entrance for an extensive outpatient clinic, which includes a large waiting room, five examining rooms, and office space.

The doctors will pass the record room and the medical library on their way to the physicians' coat room and lounge. The in-and-out boards off the lounge and in the switchboard room off the main lobby are interconnected so physicians may use the main entrance if they prefer to at any time.

Driveways for the main entrance, the ambulance entrance, and the doctors' entrance come into the grounds from the north. The service drive enters the grounds from the east and drops below grade to the service entrance at basement level. The position of the service entrance and a large retaining wall effectively separate the service facilities from patients.

A 125 seat lecture room has been provided at the east end of the main floor. Provision has been made for television relay from one of the operating rooms to the lecture room.



In addition to the offices and locker rooms on the main floor, there are a small chapel and a ritual circumcision room.

The gift shop and snack bar on the main floor are near the bank of three elevators which rise through the center of the building. The elevators have doors at both ends and will serve both passenger and service needs. Two dumb-waiters are provided next to the main elevators.

Operating rooms, x-ray facilities, laboratories, recovery room, blood bank, and central medical supply are

grouped together on the second floor.

There is a preparation room in connection with each of the four operating rooms in the north wing, and between each two operating rooms is a scrub room. There are no win-

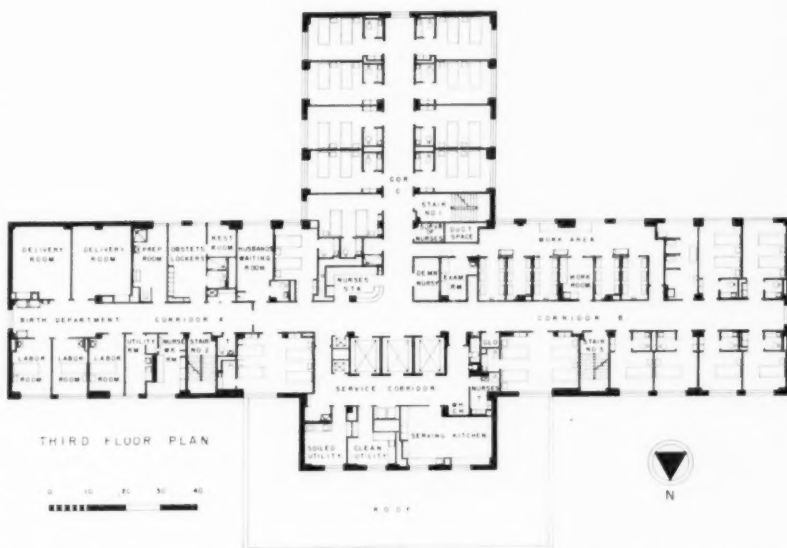
dows in any of the operating rooms, which permits controlled lighting and controlled ventilation through complete air conditioning. Offices for the surgical supervisor, the anesthesiologist and for dictation are adjacent to the operating section corridor. Instrument sterilizers, which are high-speed autoclaves, are grouped in a bank off this corridor.

The emergency room, next to the elevators, has been fitted with a plaster trap and ceiling hooks so that it can be used as a cast room. The cystoscopy room, an apparatus room, and the

Plans for the hospital are the work of Liebenberg and Kaplan, Minneapolis architects, and Schmidt, Garden and Erikson, associated architects and engineers, Chicago, with Dr. Herman Smith of Chicago serving as consultant.



The maternity floor has a main nursery, a suspect nursery, and a demonstration nursery in which mothers will learn to care for infants.



surgeons' lounge are in the east wing. The recovery room is adjacent to the surgeons' lounge.

The complete x-ray facilities in the west wing and the physical medicine department in the south wing will be available for outpatient as well as inpatient use. Research facilities are in the laboratories on this floor.

The third floor is designed for maternity patients. The birth department in the east wing, including preparation, labor and delivery rooms, will be air conditioned. The nursery in the west wing will also be air conditioned. The corridor wall of the nursery

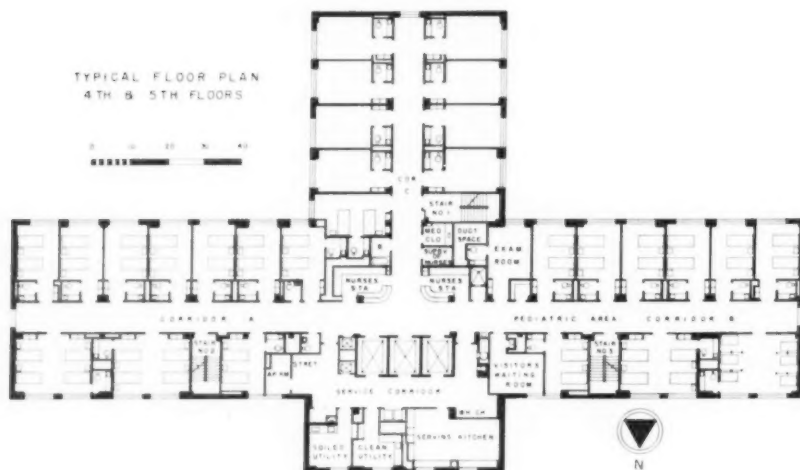
will be glass, with cribs placed in such position that it will not be necessary to move the babies for visitors to see them. Glass partitions will divide the main nursery into cubicles, each containing six cribs. A suspect nursery adjoins the main nursery. Mothers will be taught the care of their babies in a separate demonstration nursery.

Facilities will be available in patients' rooms in those instances in which the physician prefers to have the baby in the room with the mother.

All formulas will be prepared in a central formula kitchen under the most modern technic. Bottles will be filled, the nipples placed on the bottles, and a cellophane wrapping added before the final sterilization of the bottle and formula. The sterile package will be kept intact until the nurse is ready to insert the nipple in the baby's mouth.

The third, fourth, fifth and sixth floors, on which patients will be housed, are designed for maximum service with a minimum of effort.





Typical semiprivate floor with two-bed and four-bed rooms. Some double rooms are located on the sixth floor as well.

Nurses' stations are in the center of the building at the intersection of the corridors. Supervisors' offices and drug preparation rooms are adjacent to the nurses' stations. All passengers will leave the elevators directly in front of the stations.

The second set of elevator doors opens into service corridors in the north wing. A service kitchen and clean and soiled utility rooms are on each of the four upper floors of the wing. Storage space for stretchers and an apparatus room and soiled linen, and incinerator chutes are provided in each service area.

Thus, the entire service area on each floor for patients is conveniently located and yet does not affect the patients. The service sections will not have to be moved when the hospital is expanded in the future.

All of the rooms on the fourth and fifth floors are semiprivate rooms of two and four beds. The sixth floor is designed for single bed rooms, although those in the south wing may be used for double rooms.

There is a private washroom, containing a lavatory, toilet, bedpan washing equipment, receptacle storage space, and working area for nurses, in connection with every patient's room. This arrangement not only will permit a great saving in nursing time but will make possible great flexibility in the use of patients' rooms.

The fourth floor of the west wing, for example, is planned as a pediatrics area. Because each room is virtually a self-contained unit the number of rooms used for children's service can be increased or decreased as demand

risers or falls. Similarly, the psychiatric section on the west end of the sixth floor can be expanded or contracted as the need dictates. The two rooms at the end of the corridor will be soundproof, will have escapeproof windows, and will be fitted with flush hardware. The two adjoining rooms will have similar hardware and removable detention screens on the windows.

Provision has been made for installation of special equipment in other rooms if they are needed for psychiatric patients. In each instance, however, the rooms may be used for medical or surgical patients if they are not needed for psychiatric cases.

The corridors, which will be 8 feet wide and have 8 foot ceilings, will be treated with acoustical material. Movement of oxygen carts will be unnecessary as all patients' rooms, including the recovery room, are piped for oxygen to be supplied from a basement storeroom.

Special attention has been devoted to the layout of the kitchens and the system of food service. The main kitchen, the diet kitchen, and the two kosher kitchens, for those who observe dietary laws, are located in the basement of the east wing. The cafeteria service area, in the south wing basement, is separated from the dining room.

Cold foods, salads and desserts will be sent up to the service kitchens on each floor for refrigerated or other proper storage there ahead of meal-times. Soups will be sent up in large containers and will be kept hot in serving kitchens.

Hot foods will be served under the direction of the dietitian in the main kitchen. Heated carts, divided into

numbered compartments corresponding to the room numbers on each floor, will carry the hot foods to the serving kitchens. Special diet plates will be placed in the appropriate compartments in the main kitchen. Trays will then be assembled from heated carts, refrigerators and other storage places for delivery to the patients.

Garbage disposal units will be installed in the sinks in each service kitchen, and dishwashing machines will be located in each kitchen. All dishes from the floor will be washed in the service kitchen, with those needed for the hot foods being returned to the main kitchen on the dumb-waiters.

The laundry is located in the basement of the west wing. The soiled linen chute feeds directly into the end of the laundry.

Extensive general storage space is provided near the service entrance under the north wing. A refrigerated garbage room and can washing equipment are just off the service entrance.

The morgue has a separate door opening onto the service drive.

The seventh story is a penthouse containing 10 bedrooms and a large living room for the use of interns and residents. Living quarters for student nurses may be constructed on adjoining property at a later date, but when the hospital opens next year all of the nursing staff will be graduates.

It is expected that modern equipment throughout the hospital and the pattern of design will permit extremely economical operation without diminishing in any way the maximum in-service to patients and physicians.

# A SET OF POLICIES FOR PURCHASING

*suitable for use in the small hospital*

**U**NDERLYING purchasing procedure in any hospital is a set of policies. In a small hospital these often have grown out of expediency rather than out of conscious deliberation. However, before any purchasing can be done these policies must be known to the purchasing agent.

In general, the purchasing policies would be concerned with such things as centralization of purchasing, authority of purchasing agent, selection of vendors, quantity to be purchased, determination of what cost factors would be considered in price; they may even extend to cover storage and issuance of supplies.

*Centralization of Purchasing.* In any hospital, purchasing may be completely or partly decentralized. The hospital policy may permit departments, such as dietary, x-ray, laboratory and laundry, to buy their own supplies. Whether this is good or bad may depend entirely on the integrity and ability of the department head, on the controls established, and on the traditions of the hospital.

Often the dietitian may do better purchasing of foods because of her greater knowledge of food values than



the purchasing agent could do. In other instances, the dietitian may do a poor job of purchasing because of her lack of time or knowledge of procedure. Each hospital must decide for itself to what extent the purchasing function is decentralized.

*Authority of Purchasing Agent.* The extent of the authority of the pur-

**EVA H. ERICKSON**  
Administrator  
Galesburg Cottage Hospital  
Galesburg, Ill.

chasing agent, or agents, must also be set by a policy. In some instances, approval must be obtained from the governing board before certain items are purchased. In other instances, the budget may set the limit of expenditures, while in others, approval may be required only for such expenditures as large equipment, or a dollar limit may be placed on the purchase.

*Selection of Vendors.* Giving preference to local suppliers, restricting the number of vendors to reduce accounting activities, weighing previous experience with vendors in trying times, buying on bids, using technical and advisory services provided by suppliers, maintaining one's own testing services, and adhering to rigid specifications may be factors which set the policy in selecting vendors. What the rôle of the detail men, the vendor's salesman, and supplier's representatives will be is decided by this policy.

*Quantity Purchased.* Undoubtedly, the policies regarding quantities purchased cannot be the same at all times even for standard stock items. The policy may change with the trend of the markets, the stability of the items, the amounts needed on hand at all times, the speed with which the item may become obsolete, the current usage, and the effects of changes in technic on this usage.

*Cost Factors.* It is a simple matter to obtain the price that will appear on the invoice if an item is purchased. But this price is of course not the true cost of the item. Policy must be set for the purchasing agent which will indicate what other factors will be considered in determining the cost figure to be used. This might include such factors as cost or value of: accounting procedures; storage charges; personnel time in receiving, handling

and using items with determination of time wasted, saved or added; esthetic values; testing; maintenance and repair; patronage refunds; transportation, and availability of outside repair service.

The true cost of the item may become much greater or less when the valuation is made of the stability of the demand for and use of the item,



the speed with which it becomes obsolete, the time and effort needed to train and supervise employees in using the item.

The purchasing procedure begins when a need for an item has arisen. This need may be reported to the purchasing agent by any one of a number of people, including doctors, department heads, the storekeeper, or even a patient. Often some supply company representative suggests that a need exists. One might require that the need be reported in writing on special requisition forms giving many details or merely that it be entered into a wantbook of some nature.

If the request is for a standard item the use of which is stable, the purchasing agent may write a purchase order for it by copying the previous order. With verbal or telephone orders, this might be recorded in the wantbook. The purchase order may be in duplicate, with the original being sent to the vendor and the carbon kept by the purchasing agent until receipt of goods. A triplicate order sheet might be used, in which case the second carbon goes to the receiving room or

storekeeper. Some hospitals require that their own purchase forms be used, and others permit the salesman to provide the order forms.\*

When the goods have been received, the purchase orders should be filed and kept for several years. Any correspondence can be attached to the purchase order. The file serves as a handy reference for the purchasing agent.

Another handy reference for a purchasing agent is an order file. One that is helpful and does not take too much time to keep up consists of 4 by 6 cards. When the invoice has been paid, the items can be entered on individual cards with the date, amount, description of item purchased, name of vendor, and cost indicated. When this file has been kept for several years one can tell at a glance what the usage has been, who the vendors were, and what vendor has given the best invoice price.

This order file does not give the quantity on hand, but often in a small hospital the purchasing agent is also the issuing clerk and knows amounts on hand. It is debatable whether the time necessary to keep a perpetual inventory is well spent in a small hospital. Most authorities, however, advocate use of a perpetual inventory even in small hospitals.

#### BEFORE CHANGING STANDARD ITEMS

Periodically a purchasing agent must scrutinize a request for a standard item to determine whether the item should be changed or whether the purchasing procedure should be altered. Study of the order file may indicate that greater quantities could be ordered to obtain better prices, and study of the market may indicate that other vendors might give better values.

*When a change in the item itself is considered, final decision should not be made without consulting the using departments.* Investigation should be directed at determining what effects a change would have on the established routines, why present items are inadequate, how much reteaching and extra supervision of employees will be needed if a substitute is made, what the effect would be on storage or issuance routines, and whether the new item will render valuable equipment obso-

lete and necessitate additional expenditures. When the using department has approved the change, the regular purchasing procedure can be started.

Purchase of new equipment should be made only after careful consideration and consultation with the using department. Investigation should be directed at determining why the new equipment is desired, what it is expected to do, why the present equipment is inadequate or good or bad, and what improvements are desired, what size is proper, what the repair, upkeep and maintenance factors will



be, what effect there will be on routines now in practice, and whether these changes in routine are cumbersome, inefficient or costly on a long-term basis.

With some equipment, restrictions on purchase will arise because of type of power used, space available, hazards that might develop, and personnel available not only to use equipment but also to repair and maintain it, and the funds on hand.

When discussion with the using department has resulted in defining the general specifications of the item desired, then the purchasing agent must locate suppliers and obtain from them descriptions and quotations. The *Hospital Purchasing File* is a handy and complete reference file of suppliers and is of great assistance in locating source of supply and catalog information.

The relative values of the equipment as described by the supplier and the completeness with which it fulfills requirements of the hospital should be discussed by the purchasing agent and using department and the selection made. When the right item is selected, the purchasing agent may proceed with ordering.

When goods purchased have been received, they must be checked to determine whether the order is complete, whether items ordered have been shipped, and whether there is any

breakage. It is difficult to get satisfaction for goods damaged in transit unless claims are filed immediately and in proper manner. The type of transportation used determines the routine necessary to file claims, and these routines are numerous and varied. The transportation company will always advise what needs to be done to file claims for hidden breakage.

Obvious damage to packaging should be noted on shipping records before goods are accepted. Whatever testing or inspection procedures are used should be performed without delay. The invoice itself should be approved for payment or the second carbon should be sent to the business office indicating arrival of goods. Notation of the receipt of goods might also be made in the wantbook.

Some items will be issued to the using department immediately, and others will be placed in the storeroom for future issue. The unit price should be indicated on the goods when they are placed in the storeroom. Precautions for fire protection, prevention of deterioration and accessibility to unauthorized persons, and ease of dispensing and handling should be given due consideration in arranging storage of supplies.

Goods are issued from the storeroom on regular supply clerk on requisition. The storeroom clerk must know what the policies are regarding replacement of breakage or quantities to be issued of expendable items. The hospital may develop norms of usage of these supplies, or it may permit the using department to decide what amounts are needed.

#### STOREROOM INVENTORY ONLY

When an accrual basis for accounting is used, goods are charged to the storeroom, which is an asset account. Requisitions are priced when filled and are charged to the department as an operating expense each month, and the total of the requisitions is deducted from the storeroom account. Once yearly a physical inventory can be made and the storeroom value adjusted. The book value of the storeroom is always known, and the expenses of the using departments are current. This method gives a perpetual storeroom inventory value but not an individual item inventory value. It is doubtful whether a perpetual individual item inventory in a small hospital is worth the time its maintaining requires.

\*While it is better for the hospital to provide its own purchase order form, the important thing is to be sure that both vendor and hospital have copies of the order as issued.





**HAROLD A. ZEALLEY**

Superintendent, Salem City Hospital Association  
Salem, Ohio

DO YOU mind a lay person having a word with you about your profession? Perhaps you will not, seeing that so recently a lady with so much in skills, learning and experience has developed a rather remarkable study about the nursing profession and has also made some equally remarkable suggestions. I just want to ask you a few questions and get your reactions to all that is happening.

I've been reading the report of this study and many other articles about nursing. In recent conferences and conventions I have seen to it that the meetings on nursing had the doubtful honor of my presence. As a matter of fact, if the amount of spoken or written words is any criterion, yours has become of late one of the most important professions in the country.

In this welter of words and suggestions I have become confused. I realize, too, that by and large you are too busy to read all that is being written about your job. As in many other conferences, the panels on nursing care and the speeches about your place in the hospital are arranged by some very fine people who are no longer general duty nurses. I guess you can't be spared to attend these conferences—and even if you did, you perhaps may be too tired to rise to the point of feeling really intelligent and putting in your own 2 cents' worth.

What with this famous Report and some other suggestions from the medical profession and from skilled ad-

ministrators as well, there have come to my mind some questions that I'd like you to straighten out.

I gather that there are going to be nearly a dozen different levels of people who are to care for the sick in hospitals. Do you object if I list them?

- Professional Nurse with Degree
- Graduate Nurse, R.N.
- Licensed Practical Nurse
- Student Nurse
- Nursing Clerk
- Nurse's Aide
- Ward Maid
- Orderly
- Surgery Aide
- Obstetrical Aide
- Tray Girl

By the time we have multiplied these groups by three to allow for the eight-hour shifts, there are 33 persons having something to do with our patient. Add to these, the ministrations of our x-ray technicians, laboratory people, the physical therapist, and the occasional visits of the director of nurses and the superintendent, we can understand the whimsical complaint of a patient just recently: "Who is really looking after me? I have counted 40 different persons in the last 24 hours who have come into my room to do something for me!"

All this reminds me of my history book. Do you remember reading about

the Industrial Revolution and Division of Labor? Out of that came Mass Production, which made possible a much higher standard of living because so many things could be produced at much less cost.

Maybe this is a minor Industrial Revolution in nursing, Division of Labor in the nursing department so that your job as nurse is divided up into all its varying categories and graded according to the skills required.

Look back at my list. In a recent article by an M.D. administrator he suggested that the prerequisite for the last six jobs in the list was an 8th grade education, and the amount of time that the 8th graders would relieve you of tasks considered unnecessary for you was from 70 to 80 per cent; some hospitals already have 80 per cent of your job being done by these groups.

Now I realize that in chronic disease hospitals and in some specialized institutions or departments, this may not have the same implications. But in most general hospitals, patients are, for the most part, pretty sick people. For many reasons, directly they are able to be moved, they are discharged from our care.

In your training did they not say something about the vital use of the knowledge you were gaining—that

the carrying of a pitcher of water to the bedside had more in it than giving a drink to a thirsty patient? You were trained in observation, and your glance at the patient had far more possibility of value than just the glass of water. Did they not teach that your training in physiology and anatomy has real values even as you do the daily chore of making the bed for a fracture patient? Again, that your removal of the bedpan might enable you to spot something that could be of untold value to the pathologist or diagnostician? That your training in dietetics would enable you to glance over the tray as you carried it from the bedside and perhaps discover worth-while information for the physician? That your knowledge of psychology and a smattering of sociology might enable you to use your own resources as well as those of the hospital to make a patient feel secure in strange surroundings?

So may I ask my first question: If these tasks, and many similar ones that have the label "menial," are to be done by those who do not have your training and skill, was some of your precious time wasted in the past? Personally, I never thought it was, but have I to change my mind?

Perhaps the suggestion that "nurses are too well educated" made in another recent article is true. Or is it? Is the statement at a conference last month that "America cannot afford a well educated nurse" a valid one?

Then I see another problem. From

60 to 80 per cent of bedside nursing is to be done—by whom? Out of a welter of struggles, battles with legislatures, insistence on minimum standards, there has arisen, among others, at least one great value: standardization of ability and technic so that "R.N." in New York means basically the same thing in San Francisco, Chicago or Denver.

What is going to be the standard of care in our hospitals with these changes? All these nonprofessional people must have professional supervision, that is recognized. But what kind of standardization is going to be applied to those who ought to be supervised? To what extent are they to be supervised? Who is to determine what they can do without direct supervision, and when shall this be determined?

To return to the matter of division of labor, which is, of course, economically sound when we are dealing with materials, but is it sound, economically or otherwise, when dealing with sick people? It would take some years of training in automobile engineering for one man to manufacture an automobile from front bumper to rear light. But division of labor and complicated machinery have brought the amount of training necessary for each individual process down to a minimum.

No doubt it is for economic reasons, but we perhaps accept the fact that the suggestions regarding a more extensive division of labor in the nursing field have the same basic cause.

It is an accepted fact that hospital patients cannot afford to pay for some nursing services at the hourly rates now being commanded by the graduate nurse. Also accepted are the statements that hospital deficits are not being met by private philanthropy as in days gone by and that greater percentages of hospital expenses are being charged directly to the patients as a result. So in order to minimize these charges to the greatest extent, we frankly have to accept the fact that much of the care formerly rendered by the professional nurse is now to be done by individuals with less education in medical fields and less understanding of the implications of the illness of the patient.

#### WE HAVE TWO ALTERNATIVES

If this is to be the outcome of all these suggestions, is the argument illogical that we are faced with two alternatives: (1) that Nursing Care will deteriorate in quality; (2) if it does not deteriorate, then many of the demands, prerequisite qualifications, hours of study and work for student nurses over the years have been unnecessary, and in respect to the actual bedside care of the patient, not worth the effort? To put it a little more bluntly, do you really subscribe to the point of view that a person with an 8th grade education plus three or four months of on-the-job training can do from 60 to 80 per cent of the nursing in a hospital?

A carefully groomed figure in white, with the dainty white cap that, once in a while, has seemed like a halo to some grateful patient, has meant only one thing in the eyes of the average American—a nurse, one who, according to Webster, "cares for the sick and infirm." But with these new trends and suggestions fulfilled, will the actual "care" be passed on to some other person, and will your position in the hospital be that of a medical technician and supervisor? With the exception of responsibility for seeing that much of the service rendered by personnel with inferior training is done properly, medication preparation, administration and a little immediate postoperative care, most of the tasks performed for the patient are being passed on.

That you will be an important person I do not doubt. That you will command even a higher remuneration is quite possible. But will you any longer be a "nurse"? And I wonder whether you will be as satisfied.

## ADMINISTRATIVE CAPSULES

WHY WORRY over the ratio of "hospital beds per 1000 population" for patients suffering from prolonged ("chronic") illness when the criterion for admission should be the need for a hospital bed and not the acuteness or chronicity of the illness.

DYNAMIC PREVENTIVE MEDICINE should have the official status of a positive concept in every hospital. We must answer not only the question "How could this disease have been prevented?" but also "How can we prevent further social and medical damage in every case of existing illness?"

THE HOSPITAL which would rather have beds stand idle than have them used for patients suffering from prolonged illness who need them is worse than wasteful—it is antisocial.

HOSPITALS WHICH HESITATE to admit certain types of patients for fear of being unable to dispose of them after a short period of hospitalization should take comfort in an extramural (home-care) program which is ready to share the burden at a moment's notice.—E. M. BLUESTONE, M.D.



***Small hospitals can't afford to pass up***

## PERSONNEL TRAINING

WE SMALL hospital administrators are shouldered with details that increase in number with the diminishing size of our institutions. Top-level administration, as it is commonly referred to in large metropolitan hospitals, becomes almost a sideline with us. Our immediate problems are so demanding that the functions of planning, public relations, board relations, staff relations, and personnel training receive attention only when they can no longer be ignored.

The goal of any training program is to improve the quality of patient care and, at the same time, to decrease the economic demands made upon the patient—to create an atmosphere that reflects friendly efficiency, exemplified by high morale, cooperation, coordination and inspired leadership.

Our problem, then, is how to formulate a training program which will accomplish our goals but which will not require that the administrator devote long periods of time to preparation and personal supervision.

From a paper read before the Tri-State Hospital Assembly, 1949.

We cannot successfully train an employe who is not in a receptive frame of mind. He must accept his job situation and decide that he wants to stay before we can expect satisfactory results.

What are some of the basic factors that retain personnel in our institutions? Acquaintances in the hospital area; family ties in the community; satisfactory living conditions; recreational facilities; social recognition on the part of the community; an understanding of the hospital and a feeling of being an important part of the organization; a feeling of security; opportunities for advancement within the organization, and equitable remuneration—all these are basic factors.

Thus we recognize that, first, we must make the job as attractive as possible, then develop a training program designed to win the loyalty of the employe and, at the same time, to accomplish the aims of the institution.

We must become more self-sufficient and recruit local people to train as technicians and nurses. If need be, we must encourage service organiza-

**CARL C. LAMLEY**

Administrator  
Highland Park Hospital Foundation  
Highland Park, Ill.

tions and hospital auxiliaries to establish scholarships that will help to ensure us future employes who are interested in living in their own home town. These organizations can help considerably in locating adequate living quarters, in influencing landlords, and in creating a recreational program. However, all of these things must be accomplished on an individual basis. We cannot adapt generalized recreational programs to mature hospital employes. They must be recognized as individuals; they must be accepted on an equal social level, and this can be accomplished only by the administrator who actively promotes the social welfare of his employes at all times.

Quite often the selection of employes is not given the care and consideration it deserves. It is possible for one poorly selected department head to throw the entire organization into an uproar. During recent years it has been necessary for hospitals to grab the first applicant who came

along, and, insofar as some of the skilled fields are concerned, many of us in small hospitals are still in that position. However, the time devoted to careful searching for a desirable unit of personnel is well spent. It will pay dividends in the long run and will obviate the discord that inevitably follows haste and indifference.

Assuming that we have created for the employee desirable community relationships, we have yet to create a desirable relationship within the hospital.

We are told that, after the routine paper work is done, and the new employee has been told how much vacation, sick leave, and remuneration he may expect, we should orient him—take him on a tour of the institution and tell him all about the workings of each department. Then he should be introduced to his job under the guidance of a competent supervisor. The fundamentals of his new position, together with a job description, must be presented intelligently. Many of us have also adopted the practice of appointing one employee, or the department head, if possible, as a "big brother" to this neophyte—to show him around at the noon hour, to make sure he knows where to eat, and to answer the thousand-and-one questions that will come up during his first few days of employment.

#### **DON'T LET EMPLOYEE JELL**

At the end of the first few days we may check up on the employee's progress. If he has begun to show signs of adjustment, we assume that he will develop into an acceptable fellow worker. All too often, however, our formal training program peters out at this point, and the employee "jells."

Any of us who have been employed recently by the institutions we represent today know that it takes one or two years for an administrator actually to acquire a thorough knowledge of his hospital, to feel the pulse of the institution, to know its trends, and to deal with the many peculiarities embodied in the various personalities within its walls.

We often cease training our new employee at the end of the first week, and six months later we expect him to know as much about the institution as we do. Unfortunately, he may know all of the "dirt" that has circulated via the "grapevine," but I dare say that his knowledge of the organization, its policies and its goals is

wholly inadequate. What, then, can we, as administrators, do to maintain a continuous flow of information down through our organizations, so that it will permeate every job and instill in every employee that same intangible feeling of accomplishment that inspires us to remain at our jobs?

It is our responsibility to adopt a system of administration that will influence as many of our employees as possible to regard us as examples. I believe that any of us could name, in two minutes, at least one or two persons who have served as an inspiration—who, to us, are examples of a successful life—and after whom, both consciously and unconsciously, we pattern many of our decisions and our actions.

#### **ALL EYES ON THE BOSS**

In almost any social gathering, the conversation is interspersed with references to "the boss," and those references usually concern his stability or his lack of stability, his aloofness or his friendliness. In order to develop a real productive training program within our hospitals, we must realize that day in and day out, consciously or unconsciously, we are training.

If I approach the hospital every morning with a big smile and display friendly interest in everyone I meet, isn't it logical that my attitude may be reflected in the care the patient receives? If, on the other hand, I walk into the hospital disgruntled and belligerent, it is almost certain that I will find trouble immediately. It is possible to have the whole hospital in an uproar in a few moments.

How can we expect a nurse who has just been criticized for some minor deficiency to approach her patients with a smile and perform her duties with the care and consideration we hope for in our hospitals?

When we are consulted by a department head or an employee, it is often convenient to say, "Well, that will have to wait. I'm busy right now." Thus we leave him in a state of confusion and, by so doing, foster the inefficient performance of duty we are all seeking to prevent. If we can't solve a problem immediately, we certainly owe it to the interrogator at least to explain why and to give him some idea when he may expect a decision or a subsequent interview. "Passing the buck" has no place in hospital administration or in personnel training.

If matters requiring attention are allowed to accumulate on our desk and our department heads are forced to wait indefinitely for routine decisions, we are setting an example of inefficiency that will affect the entire organization. How many times do we look at a letter or a request in our in-baskets and say, "Oh, that can wait until tomorrow"? The habit of completing work as it appears is an excellent example to set for our employees.

It is often necessary for the administrator to settle disputes between department heads or between departmental personnel and the staff. When these occasions arise, disciplinary interviews should always be held in private. In no instance should hospital personnel be required to suffer embarrassment because of some dogmatic staff member.

Occasionally, we inherit or otherwise acquire a department head who is difficult to handle, and we feel that the only way to get along with him is to ignore him. This should be avoided. If a department head does not justify our consideration in all matters dealing with his department, then that department head is unfit to supervise others, and we can never develop the atmosphere we want within our institutions until the situation is corrected.

There are many other instances in which the actions of the administrator definitely will influence those of subordinate personnel. Most of us lack some of the qualities I have mentioned, but consciousness of these deficiencies will compensate to some degree, at least, for our shortcomings and will assist us in setting desirable examples.

#### **WORTH TIME SPENT ON IT**

How much time does this type of training require? It cannot be measured in minutes or in hours. The administrator must work at it every day, all day, in all of his contacts. It always takes time to be considerate of others, but if we expect to win people to our way of thinking, if we expect the hospital to reflect our personality, we must take the time to impart our philosophy and reasoning in sufficient detail to be understandable.

What is hospital administration? It is the common-sense interpretation and application of general policies laid down for us by our governing boards.

What, then, is departmental supervision? It is the common-sense interpretations of *detailed* policies that have been simply and clearly written, impartially sustained, and explained by the administrator.

There is a tendency in small hospitals for the administrator to act as department head. We catch ourselves making routine decisions in the dietary, x-ray, nursing and housekeeping departments. Why, then, don't we discharge the department heads and take over? Do we want to do the top-level departmental thinking? That is what we hired them to do.

#### POOR MATERIAL CAN BE DEVELOPED

Some hospital administrators may be thinking, "Well, my hospital just can't afford personnel with all the desirable qualifications required of a department head." Obviously, we can't make a "silk purse from a sow's ear," but with modern personnel training methods at our disposal it is possible to produce a fair imitation.

We in small hospitals are required to administer without the assistance of personnel directors or training directors, and we can devote only a small portion of our time to training. However, if we call together all of our supervisors for one hour once or twice each week and discuss with them common problems and the interpretation of policies, which amounts to a discussion of the administration of the hospital, our routine daily allotment of repetitious questions will diminish. Our time for other projects will increase.

The foregoing is training by the conference method. Giving our supervisors a share of the glory that goes with policy interpretation will result in their enthusiastic endorsement of the policy when it is placed in effect. Too long, we who are charged with top-level administration have considered ourselves to be in the confidence of the governing board and have completely failed to disseminate to our employees the reasons for our decisions.

Recently, the committee on personnel relations under the Council on Administrative Practice of the American Hospital Association released the first of eight sections on hospital personnel administration entitled, "The Development of Sound Personnel Practices in Hospitals." This guide is written in a language we all understand. It is not a theoretical outline,

but it takes us, step by step, through the initial stages of setting up a conference training program for our department heads.

It is recommended that a representative committee of supervisors and employees be appointed for the purpose of developing detailed interpretation of the general policies that have been formulated by the governing board. In the small hospital, each department would be represented on this committee.

This is a drastic step in hospital administration, and one's first reaction is, "If policy interpretation is to be left to a committee, isn't the administrator surrendering a great portion of his authority?" He is if he does not actively participate in directing and coordinating the activities of the committee. Actually, we do not intentionally impose upon our departments policy interpretations that are not acceptable to them. Why, then, shouldn't we give them an opportunity to them in writing policy interpretations that will be entirely satisfactory to them and completely understandable as well?

If we know why a thing is done, we are not so likely to resent it. If we are completely familiar with the organization for which we are working and recognize the desires, the aims, and the limitations involved, we are much more likely to be satisfied. Certainly, we shall do a much better job of training our subordinates.

There is no standard training program that can fulfill the needs of all institutions. Our training programs must be designed to strengthen our weaknesses, but these we cannot recognize unless we openly discuss every phase of the institution's operations from a critical and impartial point of view.

Perhaps you recognize that my theme has been the training of personnel in human relations. I believe that such training is of paramount importance and that training in all other fields will develop as a natural result. If we are consistently conscious of our employees' needs, our employees will become interested in our needs which, in reality, are those of the institution.

A high state of morale is our goal. With it, the problems of developing sources for personnel, as well as personnel selection, training and turnover, will rapidly diminish. There is really no limit to the development of a training program in human relations or to the possibilities such a program offers.

Complete understanding within our hospital will ensure a cooperative organization. We cannot have complete understanding with dogmatic administration. We cannot expect our patients to be greeted with friendliness, efficiency and wisdom without first instructing our personnel by example, by lecture, by conference, and by inspired leadership.

### Mr. President, not Mr. Superintendent

THE straw bed and Sairey Gamp era of hospital care has passed, but in the organization of voluntary hospitals there remains much of the pattern of a bygone day.

The chart of control almost invariably is the same as that which held in the day of hoop skirts. Too often the board of trustees, the medical board, and a multitude of standing and special committees assume administrative functions to a degree that makes the superintendent more of a clerk than a chief executive.

The more business-like and practical organizational patterns of industry should be adopted by voluntary hospitals in the conduct of an annual business of many millions of dollars. Al-

though a change of attitude rather than nomenclature is the more important, it is believed that in the larger institutions the paid chief executive should have the title of president and that the voluntary head of the board of trustees should be chairman of the board.

More necessary, however, is acceptance of the fact that the proper functions of a board of trustees are legislative and judicial and that the purpose of the medical board and of committees is advisory. When this is recognized, the many executive and administrative duties may then be carried out more successfully by the paid chief executive and his staff.—BASIL C. MACLEAN, M.D., *director, Strong Memorial Hospital, Rochester, N.Y.*



# Small Hospital Forum

## IT STILL PAYS TO BE A MAN

*Small Hospital Forum survey of salaries shows*



**H**OSPITAL salaries are still creeping upward, a survey of prevailing rates in a group of 15 small hospitals indicated last month. The average increase in all wages in these hospitals during the preceding year, however, had been only 5 per cent, definitely indicating a leveling off of the upward spiral that has continued since the war.

In the same hospitals, costs were up an average of 9 per cent, also a milder increase than had prevailed in previous postwar years. Moreover, four of the hospitals reported that operating costs were *lower* than they had been a year ago — a refreshing change.

### **FAR WEST SALARIES HIGHER**

The 15 hospitals ranged in size from 57 to 150 beds; the average was 78 beds. They were located in various parts of the country. The only significant regional trend that was noted in these reports, however, was the definitely higher rates reported for most classes of employe from hospitals in the Far West. While the number is obviously not large enough to permit any kind of generality, the differences noted here should probably not be ignored altogether.

As has been the case in previous surveys, administrative salaries are still substantially higher for men than for women—without particular reference to the size of the hospital. The average salary for women administrators in the group was \$319 a month and the average for men was \$467, the average for the entire group being \$417. On an annual basis this means that the men are paid \$5604 and the women, \$3828; in other words, the male administrator's sex is worth \$1776 a year to him.

The average salary paid to general duty nurses in this group of hospitals was \$188 a month; the figure includes estimated cash value of maintenance,

perquisites such as board, room and laundry. The highest general duty nurse's salary reported was \$220 a month in a Midwestern hospital; the lowest was \$90 a month in a Canadian institution. It should be noted that the Canadian institution reporting here is not a general hospital but a home for chronic disease patients.

A wide divergence of remuneration appears in the technician classification, a group that included both x-ray and laboratory department personnel. In the Far West compensation for these employes ranged up to \$500 a month for a technician who shared the physician's commission remuneration. Salaries for technicians vary from a low of \$180 a month to a high of \$340 in one case. The average for the group was \$252 a month, including maintenance.

Ward aides and maids are the lowest paid groups in these hospitals with average monthly salaries of \$123 and \$115, respectively. In several institutions aides and maids are paid less than \$100 a month; the highest wage in this group was \$155 a month in a West Coast hospital. Female laundry workers are only slightly better paid, with a monthly average of \$125.

Telephone operators and stenographers averaged \$133 and \$154 a month in this group.

The other classification covered in the present survey—hospital cooks—ranged from \$100 to \$240 a month with \$170 as the average.

In more than one-third of the hospitals reporting there had been no general salary increases given during the last year. In hospitals in which increases had been given, the percentage raise varied from 5 per cent in several cases up to 20 per cent in one hospital. Several institutions reported that increases had been given to a few employes as indicated, but not to all, and one hospital had advanced the nurses'

salaries but left all others at the same rate.

The average cost per patient day of operating the hospitals covered in this survey was \$12.83. The highest cost reported was \$19.75 a day in one West Coast hospital and the lowest cost was \$8 a day in a Midwest institution. Nine of the hospitals reported that costs had increased during the last year. The increases averaged from 8 per cent in one case to more than 20 per cent in several hospitals and up to 29 per cent in one eastern institution.

On the other hand, four hospitals actually reported that costs had declined during the last year; only 1 per cent in one case, 5 per cent in another, 13 per cent in still another, and 15 per cent in one hospital.

### **45 HOUR WEEK**

The working week as reported for these hospitals averaged 45 hours, with 40 hours as the shortest reported period and 48 hours the longest. It was interesting to note that in most of the hospitals the working week was stabilized at the same length for professional, housekeeping, dietary and office personnel. In one or two instances, however, professional help was favored with a shorter week than for the other classifications, and in one case the professional workers were on duty 48 hours while others worked only 40 or 44 hours.

Asked whether they expected to increase the salaries of any groups of employes during the coming year all the administrators in this group replied that no increase was anticipated. The administrators also reported that there had been no effort to organize hospital employes into unions in most cases, though two hospitals did report such an effort. One administrator indicated that a union organizer had surveyed the hospital and decided against any organization effort.

## The Future of Orthopedic Surgery as a Specialty

THE future of orthopedic surgery as a specialty is appraised by Ralph K. Ghormley in an address at the annual meeting of the American Orthopedic Association, 1949, appearing in the July issue of the *Journal of Bone and Joint Surgery*.

When we look at the future of this specialty we see several facts that should help us in our planning. Whether we like it or not, some program of medical insurance of far reaching scope will almost certainly be developed. With this will come a greater demand for specialist services and the patients will demand and receive care as private patients, so that plans for the future training of orthopedic surgeons should be based on such developments. The larger "charity" services for resident training will have to be revised so that they will permit care of patients on a "private" basis.

### BORDERLINE SPECIALTIES

Borderline specialties, the author continues, will assume certain phases of the care of patients, which have heretofore been regarded as the work of orthopedic surgeons. Such work as physical therapy is being taken over to an increasing extent by specialists in physical medicine. In some areas the supervision of brace making is being assumed by other than orthopedic surgeons.

It is the opinion of the author that many physicians who are now practicing orthopedic surgery can profit by a better understanding of the importance of the technics of brace making. Rehabilitation, which was started by orthopedic surgeons in World War I, has become an additional important specialty.

The author makes a plea for an enlarged and active group of men capable of leadership. "We can," he says, "point the way toward the development of newer ideas in orthopedic surgery and can strive to improve it in every way, such as in practice, research and teaching."—MALCOLM SMITH, *Montefiore Hospital, New York City*.

### SALARIES IN SMALL HOSPITALS

(MONTHLY AVERAGES, INCLUDING CASH VALUE OF MAINTENANCE)

REGION	BEDS	ADMINIS- TRATOR	GEN. DUTY NURSE	TECH- NICIAN	WARD AIDE	MAID	COOK	STENOGR- APHER	FEMALE LAUNDRY WORKER	TELEPHONE OPERATOR	PCT. AVERAGE INCREASE LAST YEAR	COST PER DIEM	PCT. INCR. OR DECR. IN LAST YEAR	HOURS WORKED
East.....	65	\$400*	\$200	\$215	\$135	\$120	\$135	\$135	\$130	\$120	0	\$ 9.50	-15	45
"	84	575	185	200	107	107	150	140	110	160	5	8.53	-13	44.48
"	84	370*	190	205	135	135	240	150	110	115	0	16.98	+29	40
Midwest.....	104	375	180	180	110	112	150	125	160	150	5	11.05	+8	40
"	60	400	210	250	90	160	175	170	150	115	0	15.05	-5	40.44
"	60	350*	210	225	90	90	150	120	115	110	0	9.25	+7	40
"	72	270*	220	235	125	120	165	205	150	170	10	8.00	+22	40.48
South.....	65	400	175	250	110	100	160	180	125	125	12†	14.78	+24	44.48
"	75	400	185	215	80	80	100	80	100	80	10	11.52	+26	48
"	62	500	150	200	120	90	120	180	160	145	0	9.18	+11	44
West.....	60	400	205	265	155	155	200	180	140	145	0	15.12	+23	45
"	114	615	210	340	135	120	200	190	120	140	7	18.03	+23	48
"	57	550	205	250	125	100	225	160	145	170	5	19.75	-1	40.48
Canada.....	150	205*	90	500	145	145	210	170	75	85	0			48
Average.....	78	\$417 319*	\$188	\$252	\$123	\$115	\$170	\$154	\$125	\$133	5	\$12.83	+9	45

\*Administrator is woman.  
†Nurses only.

## About People

### Administrators



Dr. Henry Farish

**Harry W. Benjamin** has resigned as superintendent of Mount Sinai Hospital, Philadelphia, it is announced, and has been succeeded by **Dr. Henry Farish**, who received his master's degree in hospital administration from Northwestern University. Dr. Farish recently resigned from the administratorship of Southampton Hospital, Southampton, N.Y.

**Fredric R. Veeder**, associate director of Barnes Hospital, St. Louis, resigned September 1 to become administrator of Methodist Hospital, Scottsbluff, Neb. His successor at Barnes is **Harry E. Panhorst**, formerly assistant director at the hospital.

**William B. Napton**, a graduate of the University of Chicago's hospital administration program, has been appointed assistant administrator of Sutter Community Hospitals, Sacramento, Calif. Mr. Napton just recently completed his administrative residency at Highland-Alameda County Hospital, Oakland, Calif.

**James L. Duck** has been appointed assistant director of the University of Maryland Hospital, Baltimore.

**Lyle Horton** has been appointed manager of Kahler Hospital, Rochester, Minn. He succeeds **Fred A. Menk**, who resigned to become assistant administrator of George Washington University Hospital, Washington, D.C.

**Chester C. Lander** resigned as superintendent of North Plains Hospital, Borger, Tex., a position he has held for the last three years, to take over the administratorship of Highland General Hospital, Pampa, Tex.

**C. K. Shiro** has resigned as administrator of City Memorial Hospital, Winston-Salem, N.C., as of October 15. Mr. Shiro has no immediate plans for the future.

**Mrs. Clara Burke**, former superintendent of Nightingale Hospital, El Campo, Tex., is now superintendent of the new Calhoun County Hospital, Port Lavaca,

Tex., which is expected to open formally about November 1.

**Fred M. Walker Jr.** began an administrative residency at James Walker Memorial Hospital, Wilmington, N.C., in August. Mr. Walker was graduated from Duke University's school of business administration in June.

**Dr. Robert C. Rowell** left the Wayne County General Hospital, Eloise, Mich., to become superintendent of the Abilene State Hospital, Abilene, Tex. He succeeded **Dr. Bruce Allison**, who retired as superintendent but is remaining at Abilene as senior physician of the staff.

**William L. Agress**, assistant director of the Brooklyn Tuberculosis and Health Association, has been awarded the S. S. Goldwater Fellowship in Hospital Administration at Mount Sinai Hospital, New York City, for the next year. The fellowship provides for a stipend, full maintenance in the hospital, supervised participation in its management, work visits to other hospitals, and study of Mount Sinai's library of Dr. Goldwater's writings on institutional administration and planning.

**Eugene Bailey** has been named administrator of the Panola County Hospital, Carthage, Tex., scheduled to be open later this year. Mr. Bailey formerly served as administrator of a Veterans Administration Hospital in Oklahoma.

**Michael Mertel**, a graduate of the class in hospital administration, Columbia University School of Public Health, has been appointed assistant director of Roosevelt Hospital, New York City.



Ralph M. Hueston

**Ralph M. Hueston**, administrator of Wesley Memorial Hospital, Chicago, addressed the annual trustees' dinner for the graduating class at Galesburg Cottage Hospital, Galesburg, Ill., on the evening of September 19, which was the twenty-fifth anniversary of Mr. Hueston's entrance into the hospital field—as superintendent of the Galesburg Cottage Hospital.



F. W. Molgren

**F. W. Molgren** has been named administrator of Presbyterian Hospital, also of Schoitz Memorial Hospital, Waterloo, Iowa. Schoitz Memorial Hospital, now under construction, will replace Presbyterian Hospital. Mr. Molgren was formerly administrator of Monmouth Hospital, Monmouth, Ill., administrator of St. Olaf Hospital, Austin, Minn., and assistant superintendent of Bethesda Hospital, St. Paul.

**Grover Scales**, pastor of the First Baptist Church of Commerce, Okla., has been named administrator of Southwest Baptist Hospital, Mangum, Okla., succeeding **A. F. Wasson**.

**Ione Van Vliet** has assumed her duties as administrator of the Dolly Vinsant Memorial Hospital, San Benito, Tex. Miss Van Vliet was purchasing agent and assistant to the administrator of Methodist Hospital, Houston, a position she resigned after 10 years to accept the new appointment.

**Robert Graves** of Brunswick, Ga., has been appointed administrator of Central Suffolk Hospital, Riverhead, Long Island, N.Y., which is now under construction.

**Dr. David B. Radner** has been appointed medical director of Winfield Hospital, Winfield, Ill., to succeed **Dr. Edwin R. Levine**. Dr. Levine resigned to return to private practice.

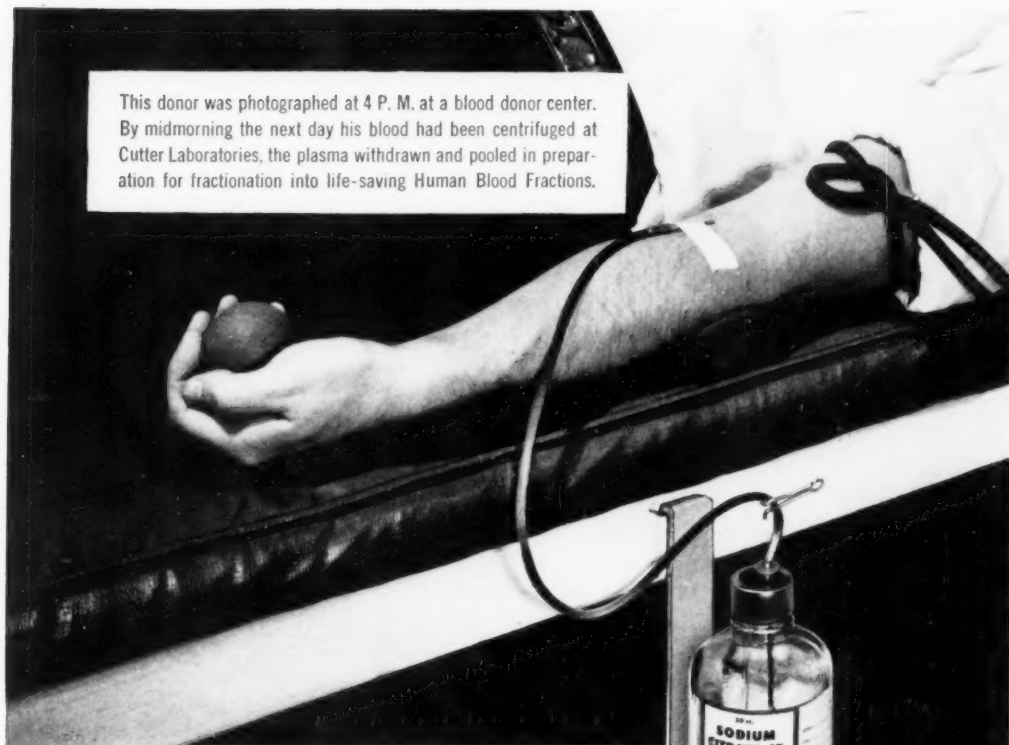
**Dr. J. Butler Tompkins** became superintendent of Brattleboro Retreat, Brattleboro, Vt., on September 1.

**Dr. Lee D. Cady**, acting manager and medical director of the Veterans Administration office in Dallas, Tex., has been named permanent manager of the Veterans Administration Hospital in Houston.

**Mrs. H. H. Haese** has purchased the Blake Memorial Hospital in Floresville, Tex., from **Dr. John V. Blake Jr.** and has changed its name to the Floresville Hospital.

(Continued on Page 168.)

This donor was photographed at 4 P. M. at a blood donor center. By midmorning the next day his blood had been centrifuged at Cutter Laboratories, the plasma withdrawn and pooled in preparation for fractionation into life-saving Human Blood Fractions.



## What fraction of this man's blood will you need tomorrow?

**W**ill it be a surgical case tomorrow morning, with the patient a poor surgical risk and profound shock a distinct possibility? **NORMAL SERUM ALBUMIN** (salt poor) counteracts shock by osmotically restoring circulatory fluid to the proper level. Perhaps the same operation will call for a hemostatic agent. **FIBRIN FOAM AND THROMBIN**, a homologous absorbable sponge made from human blood fractions, may be used where hemostats and sutures are impractical, or **THROMBIN** alone may be used to control minor hemorrhages and capillary oozing. **FIBRIN FILM** is particularly advantageous in brain and neuro-surgery. It is available in sheets as a membrane substitute and as a covering in severe

*For specific, selective blood proteins in concentrated form, specify CUTTER—the only complete line of Human Blood Fractions.*

burns...and if plasma is indicated, **IRRADIATED PLASMA—CUTTER**—is available in safe, stable, desiccated form.

Whooping cough in young patients can be fatal. **HYPERTUSSIS**; **CUTTER'S** anti-pertussis serum, is concentrated counterattack against whooping cough. The source is blood from hyperimmunized human donors. Fractionation isolates the highly concentrated antibody-bearing protein, and makes it ready for instant use to prevent or treat pertussis.

Measles, too, can be prevented or treated. **IMMUNE SERUM GLOBULIN—CUTTER**—is fractionated from the plasma of human venous blood.

\*Reg. U. S. Patent Office

# CUTTER

## HUMAN BLOOD FRACTIONS

CUTTER LABORATORIES, BERKELEY 10, CALIFORNIA



SOLARIUM AS REDECORATED BY AUXILIARY

## THE SUNROOM SHINES BRIGHT *at West Penn Hospital*

WHAT this department needs is a fairy godmother with a magic wand," the superintendent had said to the director of nurses three years ago as they surveyed the rather dreary appearance of the 43 bed women's medical section of West Penn Hospital, Pittsburgh. The hard years of the depression Thirties and the hectic ones of the wartime Forties had delayed long needed replacements, and the wards and semiprivate rooms in this section badly needed redoing.

The nearest thing to a fairy godmother at West Penn is an auxiliary! So Supt. Mark Eichenlaub went to the Junior Committee, one of the four women's organizations with which the hospital is blessed. "Pavilion 1-A needs modernizing, refurnishing and redecorating, and the hospital has no funds to do it. Will you take it over?"

With their customary enthusiasm they agreed to "adopt" the department, even though the project was supplementary to many commitments the Juniors already had in hospital activities.

Organized in 1931, the Junior Committee started as a volunteer service group. The girls delivered mail, acted as receptionists, developed a patients' library with bed service twice a week, clerked in the dispensary, staffed a message center, and filled in wherever they were needed. Inevitably they saw the need for funds to provide special services to patients, and so established

the custom of holding annual benefits, the receipts from which provided many wonderful things for the hospital.

Cooperating with the social service department, the Junior Committee has for years made possible many "extras" for needy patients—glasses, dentures, braces, appliances, serums, special medicines, and supplementary diets. It has bought the hospital a new ambulance, an operating table, and other equipment. With a current membership of 85 young women—"some of us not quite as junior as we used to be" as they laughingly admit—the committee has become an integral part of the hospital organization.

In 1940 the Junior Committee collaborated with the Women's Committee in establishing the Hospitality Shop, a combination tea room, soda bar and gift mart, which contributes

**ELIZABETH V. HAYES**  
Director of Volunteers  
West Penn Hospital  
Pittsburgh



# Bacitracin ... for every clinical use ...



Bacitracin. In vials containing 2,000, 10,000, and 50,000 units.



Bacitracin-Nasal. In 15 cc. bottles. Provides 250 U. of bacitracin per cc. and 0.25% desoxyephedrine.



Bacitracin Ophthalmic Ointment. Contains 500 units per gram. In 1/2 oz. and 1 oz. tubes.

## A Dosage Form for Virtually Every Topical Need

The topical antibiotic properties of bacitracin can be employed to their fullest therapeutic advantage by the use of the dosage forms shown.

Bacitracin Ointment is widely used in the local management of infected skin lesions. Bacitracin Ophthalmic Ointment is advantageously employed in many infectious lesions of the eyes.

In the topical management of carbuncles, large furuncles and infected wounds, bacitracin in solution, injected directly into the base of the lesion, leads to prompt remission and usually obviates the need for surgery.

Bacitracin Troches are valuable in the management of pharyngeal and oral infections due to bacitracin-sensitive organisms, while Bacitracin-Nasal (with vasoconstrictor) has been found of benefit in acute and chronic sinusitis.

Bacitracin Oral Tablets, the newest dosage form, lead to outstanding results in amebiasis. Each tablet contains 10,000 units of bacitracin. These tablets exert a profound local bacitracin influence within the intestinal tract, and little or no bacitracin is absorbed into the circulation.

Each of these bacitracin preparations is characterized by its low index of allergenicity, an extremely important factor in topical therapy.



Bacitracin Oral Tablets. 10,000 units each, in bottles of 75.



Bacitracin Troches. 1,000 units each, in bottles of 25.



*C.S.C. Pharmaceuticals*

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION,  
17 E. 42ND ST., NEW YORK 17, N. Y.

much to the pleasure and comfort of the patients, their families, and the hospital staff and personnel. Here was another opportunity for service and members of both committees share in staffing the busy shop, supplementing with volunteers the paid staff of five persons for the shop's seven-day week schedule. An agreement was made with the management of the hospital that Hospitality Shop proceeds would be applied toward the maintenance of the social service department. Its contribution last year amounted to \$9300.

Another recent activity has been sponsorship of a baby picture service, whereby pictures of new-born infants are taken in the nursery and sold to the parents, with the proceeds from this venture earmarked for obstetrical department betterments.

### THREE-YEAR PLAN ACCEPTED

The proposition put to the members by the management in the spring of 1946 was whether they would be willing to take on another job without displacement of existing obligations, and with an enthusiasm that refused to be daunted by high costs they undertook their new assignment. A three-year plan was outlined, and they decided that their annual spring tea dance would have to be bigger and better than ever to carry on their established activities and at the same time to give them an estimated \$20,000 to do the I-A job.

To supplement their benefit receipts a ticket sale was held each year in connection with the tea dance. A Buick convertible car one year and a mink coat another proved to be popular items for the purpose.

The first step in their program called for the reflooring of the entire pavilion—corridor, rooms and solarium—with asphalt tile in a mottled black, white and green design. Large ward rooms were divided into individual units by the installation of cubicle separators, and the gleaming chrome and soft green curtains proved to be decorative as well as efficient. Similar cubicle separators were installed in semiprivate rooms where the privacy of both patients has been served and the appearance of the room improved.

Painting by the hospital's maintenance department completed the first year's program. Pastel colors with contrasting walls and ceilings replaced the monotonous tan so widely recommended several decades ago.

The next spring, the Junior Com-

mittee's benefit tea dance was enthusiastically promoted. The women were anxious to get on with their job. After counting their dollars and in consultation with the management, it was decided that new beds had the next priority. For the wards, metal beds with crank head and foot elevation and inner spring mattresses were ordered, and these were spray-painted a soft white. For the semiprivate rooms, maple suites were bought, the latter consisting of beds, bedside cabinets with overbed trays, a dresser, straight chairs and an easy chair for each room. Tubular bedside chairs with green simulated leather seats and backs added another note of color to the ward furnishings.

The patients' units were further improved by bedside cabinets, each equipped with individual wash basin and bedpan of stainless metal, and by overbed tables, a feature not even all our private rooms enjoy.

Having made the patients comfortable, the committee turned its attention to the service areas of the pavilion. The utility room and nurses' station were old-fashioned in appearance, and most of the equipment needed replacement; cupboards and shelves and work spaces were inadequate. The I-A members met with the engineer and an equipment consultant, and with the gleam in their eyes of women about to order a new kitchen, they announced that these rooms were to be pretty as well as efficient. With the utility room as their first objective, they arranged for the replacing of a window space with a glass brick wall containing a small window and a ventilator, followed by the laying of a terrazzo floor and the covering of walls and ceiling with panel board. The recommendation of the nursing department that walls and cabinets be white instead of colored was a little disappointing to the group, but it scrupulously observed its policy of conforming to hospital suggestions. The space emerged, after weeks of confusion with tile setters, carpenters, wall men and plumbers all doing their part, as a beautifully compact service room complete with double steel sink, sterilizers, ice chest, and hopper. Cabinet space above and below ample work top surfaces provides generously for the storage of supplies.

The latest step in the three-year program for I-A has been the redecoration of the sunroom. Here the women were invited to "let themselves go,"

and they actively took charge of the planning and execution of the details. To offset the height of the room, the committee had the ceiling painted dark green and brought this color down the walls about 2 feet. A wide cornice painted sunshine yellow extends all around the walls, meeting the tops of the windows. Hangings of green and yellow with touches of red in the print cover the wall spaces between the many windows, but do not extend over the glass, thus offering no obstruction to light and air and the view of adjoining Friendship Park which the patients enjoy.

Comfortable and attractive lounges, chairs and tables in chrome and leather pick up the colors of green and red and are highly approved of by the housekeeping staff that finds them easy to keep clean. The draperies were made and hung by committee members, to the deep interest of the patients who gathered around offering advice and comment freely.

Although the project is not entirely completed—the nurses' station is being remodeled now, and bed lamps and lighting fixtures have still to be installed—the "new look" has definitely come to I-A. Dreary surroundings and obsolescent equipment have given way to attractive, up-to-date quarters.

### "ADOPTION PLAN" SUSTAINS INTEREST

In acknowledgment of all that has been done, the hospital has installed a plaque at the entrance of the pavilion which "records with sincere appreciation the splendid accomplishment of the Junior Committee in renovating and modernizing this entire pavilion." Open House on Hospital Day at these quarters gave visitors an opportunity to see the improvements that had been made.

Identification with a particular ward and the development, step by step, of a long-range program have been invaluable in stimulating interest on the part of this auxiliary. Its financial contributions to the social service budget and its many other commitments did not suffer, but having a *new* project moving along concurrently with its other activities aroused enthusiasm and encouraged its ingenuity to raise the necessary funds.

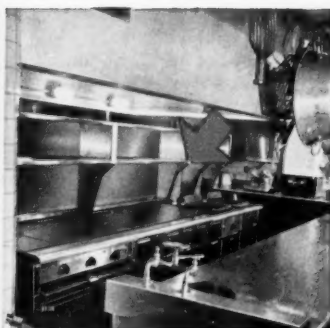
West Penn has other "founding" departments, also in need of care and attention, and is hoping that some day these, too, may find adoptive parents!



**Dining Room**—Famous-Barr's Wedgwood Room . . . electrically-cooked food keeps it profitably crowded!



**Bakery**—Hotpoint electric bake ovens make it easy for Famous-Barr to keep quality AND profit high!



**Electric Ranges**—Famous-Barr chefs find electric ranges fast and efficient!



**Electric Ranges, Fry Kettles**—Electric fry kettles, ranges and ovens allow time-saving "assembly-line" cooking!



With 20 Years of "show me!" proof . . .

## PROFIT IS THE REASON

Famous-Barr chose ALL-ELECTRIC 5 times!

FOOD SERVICE in a big, "live" department store has to compete for its existence with fast-moving, high-profit merchandise. Its overhead must be measured against that of every other dollar-producing department in the store.

That's why cost figures and cost control are so important to the restaurant operations of Famous-Barr, an outstanding unit of the May Department Store Company.

Says Famous-Barr: "A profit can be shown in a department store tea-room provided the service is efficient. That's the reason for all-electric!"

Famous-Barr's Grand-Award-winning all-electric kitchen is a feature of their newest and most modern store,

opened in October, 1948, at Clayton, Missouri, a suburb of St. Louis. But it's the fifth of five all-electric units—the result of almost 20 years

**Grand Award Winners**  
INSTITUTIONS MAGAZINE'S 3rd ANNUAL FOOD SERVICE CONTEST

• Hermann Hospital, Houston, Texas  
• Michigan State College, East Lansing, Mich.  
• Famous Barr, Clayton, Missouri  
• The Northern Trust Company, Chicago, Ill.  
• Schwartz's, Macomb, Mich., N. Y. City

Hotpoint  
All-Electric  
Kitchens

1 Design Consultants—  
Frank T. Hilliker & Associates,  
St. Louis

4 OUT OF 5  
GRAND AWARD WINNERS  
IN 1949 FOOD SERVICE  
COMPETITION HAVE  
HOTPOINT ALL-ELECTRIC  
COOKING EQUIPMENT

**ALL-ELECTRIC COOKING**  
*with* **Hotpoint**

\*A General Electric Affiliate

of experience. Famous-Barr's first electric kitchen went into service in 1929, in the Tunnelway Restaurant of their St. Louis store.

After 20 years of actual, cost-conscious use, Famous-Barr Company knew they could depend on electric cooking to . . .

- perform with superb efficiency in a compact space . . .
- hold costs down to the level demanded by successful department store practice . . .
- turn out meals worthy of a fine store's fine reputation . . .
- and stand on its own feet as a profit-maker!

We believe no greater testimonial to the advantages of All-Electric Cooking and the superiority of Hotpoint Equipment could be given than its choice by 4 of the 5 Grand Award Winners in Institutions Magazine's 3rd Annual Food Service Contest.

You, too can profit through the experience of these and countless other leading food establishments with the application of All-Electric Cooking to your own business. Your nearest Hotpoint representative is at your service and will gladly give you the facts about increased efficiency, lower costs, greater safety and better cooking with Hotpoint.

**HOTPOINT INC.\* Commercial Cooking Equipment Dept.**

### MAIL COUPON FOR QUICK REPLY

HOTPOINT INC., Commercial Cooking Equipment Dept.  
229 S. Sealey Ave., Chicago 12, Ill.

Gentlemen: I'll talk to the Hotpoint man,

Name . . . . . Title . . . . .

Firm . . . . .

Address . . . . .

City . . . . . State . . . . .

## DON'T ROB THE OUTPATIENTS

*of the advantages of good organization and direction*

THE outpatient department, established as a special unit within the organizational pattern of the modern hospital, must be closely integrated with the general administrative organization of the hospital itself.

Despite the fact that there is some disposition to regard the outpatient department as an entity with only vaguely defined lines of relationship to the parent body, the hospital's contribution to the needs of the community for medical care, as a whole, cannot be made effectively and efficiently through a planned or practiced separation of their administrative functions. The administration must be concerned, directly and actively, with the services of the inpatient and outpatient units in a balanced and integrated manner.

### HOSPITAL AS MEDICAL CENTER

Nearly all large hospitals, and many small ones, both general and special, have units for the care of the ambulatory sick. These were established in recognition of the growing needs for services to ambulatory patients unable through resources available to them to obtain medical care from private physicians. These patients are forced by social and economic conditions either to turn to tax or philanthropically supported agencies to obtain this care or to do without it. This expansion of the hospital's usefulness to the community through its outpatient department constituted an early and logical step toward the eventual establishment of the hospital as the medical center of its community.

Independent dispensaries, without hospital affiliation, still exist to meet the general medical needs of ambulatory patients, but their number is growing smaller and their place in medical programs is gradually becoming less important. The health centers,

M. HINENBURG, M.D.  
Executive Director  
Jewish Hospital of Brooklyn

generally affiliated with health agencies, play a significant part in meeting the needs of the community in the fields of venereal disease, tuberculosis, child and maternity care, baby hygiene, and other medical services. Many believe that health centers, especially those in the large metropolitan areas, could do a more effective job through affiliation with hospitals. (This also holds true for independently conducted dispensaries.) The diversity of opinion has not impeded the development of these centers because there is a real appreciation of their substantial contributions to the public health.

The fundamental principles underlying the standards for outpatient department service were clearly enunciated by the Associated Out-Patient Clinics of New York in 1912. These were later adopted, in some modified form, by the American Hospital Association and the American College of Surgeons, and they continue as the basis for the present day management of outpatient units. As a result of these efforts, definite advances have been made in the improvement of outpatient department services, and further advances may be realized under the terms of the thinking and the planning currently in progress for making outpatient departments even more effective medical service units not only for the sick but also for the prevention of illness in well patients.

### GOVERNING BOARD'S TASK

The governing board should direct its deliberations over policies to govern the outpatient department toward the end that this important unit will be carefully integrated into the general administrative pattern. It should be an integral part of the hospital

not only in its administrative organization but also in its professional organization. The action of the governing board, based on an intelligent appreciation of the present day concept that outpatient care cannot and should not be separated as a divisible function from the hospital itself, will strengthen the rôle of the outpatient department as an essential unit of the total program of sound medical care.

To make such a policy effective, the governing board should place the responsibility in the hands of a committee composed of laymen and members of the medical staff for the integration of lay, medical and administrative functions.

With a strongly integrated administrative setup for the hospital itself, it is fundamental that the supervision and the direction of the outpatient department should be the responsibility of a competent, well trained executive. In actual practice, there are too many instances in which the outpatient department is given little attention by those concerned with policy, standards of professional service, and the everyday functions of this unit.

### DIRECTOR'S DUTIES

The director of the outpatient department should have a direct line of primary responsibility to the administrator of the hospital. As a department head, the director should participate in the departmental conferences and should attend committee meetings of the governing board and the medical staff which are concerned with outpatient department activities. The administrator of the hospital should be available for conferences with this department head as with all others in the administrative family.

The importance of integration has support when we take into account the medical needs of patients, the

Presented at New England hospital assembly, Boston, March 1949.

## *New Sulfa Combination...*

# TERFONYL

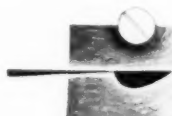
*for safe sulfonamide therapy*

### HIGH BLOOD LEVELS

All three components are absorbed and excreted independently. High blood levels can be maintained without kidney concretion and with minimal sensitivity reactions.

### WIDE ANTIBACTERIAL RANGE

All three components have a wide antibacterial range and are highly effective in the treatment of pneumonia and other common infections.



0.5 Gm. tablets  
Bottles of 100 and 1000  
Suspension, 0.5 Gm. per cc.  
(pleasant raspberry flavor)  
Pint bottles

“TERFONYL” IS A TRADEMARK OF E. H. SQUIBB & SONS

**SQUIBB** MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



educational opportunities for the visiting and house staffs and for medical students and nurses, and the research phases of medicine. The economic factors to maintain sound medical services at the lowest possible costs can be controlled when differentiation between patients requiring hospital care and those in need of ambulant care can be made effectively in a properly organized, integrated and administered outpatient department. There diagnostic procedures can be performed at lower costs and with results as effective as when similar procedures are performed for patients admitted to the inpatient services of the hospital.

The administration of the hospital should direct its efforts to set up the following organizational and functional systems for the services of the outpatient department. Every phase must be planned to provide accurate diagnostic and therapeutic care for ambulatory patients. Admission policies should enable outpatients to obtain inpatient care when needed and the essential follow-up care under clinic auspices on discharge from the hospital. The prevention of disease must be a part of the program of instruction to patients.

Physicians should be encouraged and supported in their studies of the causes of disease and the methods of treatment and prevention. The outpatient department is a fertile field for educational opportunities and for a continuously rich clinical experience for physicians, medical students, nurses, social workers, and all concerned with the health and welfare of the community.

The administration should make the best use of its resources to create and to maintain an atmosphere with furnishings and equipment that will make for pleasant surroundings for physicians, personnel and patients. While good medical services may be available in surroundings that do not reflect credit on the hospital, there is always the tendency to depreciate services under such conditions.

#### **ATTRACTIVE WAITING ROOMS**

The modernization of outpatient department waiting rooms and examining rooms with well selected color schemes and the careful selection of furnishings will do much to allay the patients' apprehensiveness, which is a significant element in medical situations.

The administration should be thoroughly familiar with all local and state statutes governing dispensaries and should make effective all arrangements for compliance with the regulations of the public authorities. There should be full administrative cooperation with other organizations in the community maintaining health and welfare services.

In the interests of sound public relations and to maintain a harmonious cooperative relationship with physicians, the policies of the outpatient department which are of interest to private medical practitioners should be clearly established and from time to time revised. This may be done through consultations between representatives of the local hospital council and the county medical society. Changes in the economic conditions of a community bring with them changes in the financial status of patients applying for the charitable services of the outpatient department.

#### **MEDICAL STAFF ORGANIZATION**

Medical organization of the outpatient department staff should be unified with inpatient staff organization as closely as possible. This may be further emphasized by having the physicians of the outpatient department drawn from the hospital staff and not constituting a separate staff. The head of a hospital department should be in charge of the related service in the outpatient department. The administration can drive home the imperative nature of these factors by stressing the importance of a continuity of services, with no breaches in the program because of a faulty planning in the table of organization.

The professional program should provide opportunities for intern training and for the review of all clinical material at conferences held at regular intervals for members of the staff.

The administration should direct the attention of the medical staff and the governing board to the well drawn conclusions of the American College of Surgeons defining the responsibility of the physician in his outpatient department service.

The approved hospital with its numerous diagnostic and therapeutic facilities is ideally suited for the efficient conduct of an outpatient department as one of its integral units on a par with other departments. Through this department it is possible to define effective treatment for many

serious diseases while they are still in a curable stage and while the patient is ambulant. Hence, the hospital having an outpatient department is an important agent in the prevention of disease and the prolongation of life. There is opportunity to correlate social service with medical service and, thereby, to provide a better connecting link between the hospital and the community; moreover, the outpatient department is a valuable field of research and educates the medical student in the causes and methods of treating disease."

The administration must face squarely the problems of accurate and complete medical records, including social and scientific data. These records should be compiled for all patients and should be filed and cross indexed for the purposes of reference, study, statistical and clinical research needs. The unit system of records should be maintained to make for an effective correlation of all scientific data about a patient. The benefits of such a system are, of course, obvious.

Auxiliary services should be provided through units that serve the inpatients or, when necessary, through separate units under the direction and the control of the hospital units.

To support the medical program there should be adequate nursing service, medical social service, clerical services, and, whenever possible, the organization of a volunteer corps that can render valuable services in softening the impact of the institutional atmosphere for the patients.

#### **APPOINTMENT SYSTEM PRACTICAL**

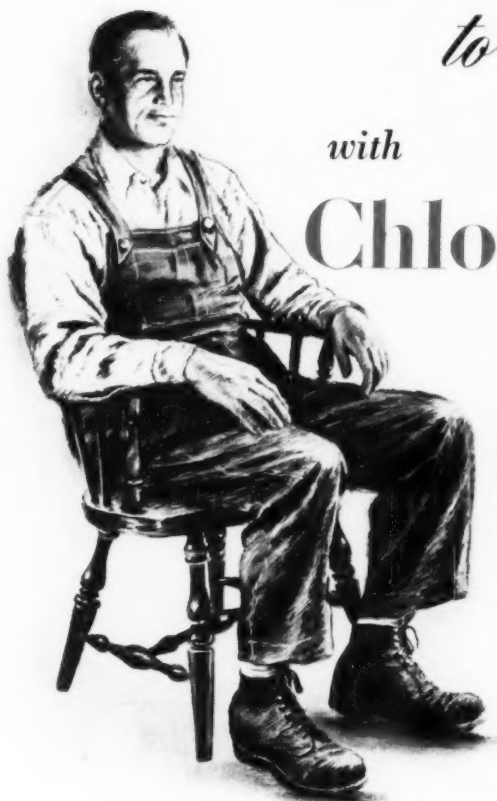
The organization of an intelligent and practical system of appointments for patients can effectively relate the number of patients to the capacity of the clinic through available staff and space. Effectively employed, such a system conserves the time of patients, physicians and personnel. With the advent of group clinics, the experience to be gained from them in the handling of patients requiring general care will bring about further conservation in the time of patients by bringing the consultants face to face in their considerations of the clinical requirements of the patients.

The social service contribution to the welfare of patients in the hospital and its outpatient department reflects directly the interest of the administration in a rounded program of medical

*He'll be back  
to work sooner...*

*with*

**Chloromycetin<sup>®</sup>**



**PACKAGING**

CHLOROMYCETIN (Chloramphenicol, Parke-Davis) is supplied in #25 Gm. Capsules. Descriptive literature on CHLOROMYCETIN is available to physicians on request.

The cost of medication, of course, is but one item in the total cost of illness, the greatest expense stemming from the length of incapacitation and consequent loss of working time. One distinct advantage of CHLOROMYCETIN therapy is its fundamental economy—quick clinical response, reduced morbidity, shortened convalescence and earlier return of the patient to his job.

Particularly dramatic results are now obtained in a disease such as typhoid fever, where the illness formerly ran its course for several weeks because of the lack of specific therapy. The lengthy hospitalization, special nursing care, the supportive measures during this prolonged period—all have contributed to increased costs. However, CHLOROMYCETIN changes this: the duration of illness is greatly reduced, defervescence occurring within 2 to 3 days after treatment is begun. With control of the infection, general improvement is manifest and recovery is rapid.

The high degree of efficacy of CHLOROMYCETIN has also been demonstrated in a number of other diseases previously unresponsive or poorly responsive to treatment, such as acute undulant fever, urinary tract infection, typhus fever, Rocky Mountain spotted fever, scrub typhus, and granuloma inguinale.

**PARKE, DAVIS & COMPANY**

DETROIT 22, MICHIGAN



care. A well organized, carefully supervised medical social service department, for the purpose of aiding the physician in dealing with the personality and environmental factors of patients bearing on the medical situations, is essential. The social service department should also be an integral part of the institution for both inpatient and outpatient purposes.

The administrative staff should foster, on the part of the personnel, a proper understanding of the policies and principles governing the outpatient department. This can be done

by written standards and procedures developed to enable the staff to promote an intelligent manner in their application.

In fashioning the duties of personnel, careful attention must be given to adequate provisions for the reception of patients. The patient is concerned primarily with medical needs. This must, of necessity, be emphasized, and, while the social and economic factors are important, they must for a time be relegated to a position of secondary importance in the acceptance of the outpatient.

Standards of eligibility must be clearly stated. They must, however, be applied with humane understanding and with an appreciation of how their application will affect the patient. Written lists of all fees and charges that the patient may be called upon to pay should be available. The district served by the department should be a matter of clear record. The same condition should prevail for other community health and welfare agencies.

The rejection of a patient does not end the responsibility of the hospital. A patient in need of medical care, but ineligible for care under the rules of the outpatient department, should be referred to the proper agency for care. To accomplish this, all patients applying for care should have a careful check to determine whether an emergency condition is present that requires medical care regardless of other factors governing eligibility or to what type of agency the patient should be referred for care. Once a patient is accepted, continuity of service should be maintained.

The administration of the outpatient department should be required to submit detailed reports periodically to the governing board. These reports should embody statements about the attendance of physicians, the number of clinic sessions, the number of new visits, visits to each of the general clinics and refer clinics, income, free work, with comparative figures for the same periods in the previous year. Reference should be made to the number of patients rejected for admission and the recommended dispositions.

In the development of its standards of service it should be the aim of the outpatient department, in addition to an adequate staff of physicians, space, equipment and personnel, to render the same type of service to patients in the outpatient department that prevails for patients in the private accommodations of the hospital.

The administration can and should build up the important rôle an outpatient department plays in the medical care program of a community. Its full potential has for the most part remained latent, not only in the care of patients but in education and research as well. The administration, as one part of the team in the mutually cooperative work of the hospital, can drive home steadily and surely the points that will make the outpatient department an important factor in any program of medical care.

# ACCURATE

## FLOW CONTROL

### FOR THERAPEUTIC GASES



## OXYGEN HUMIDIFIER AND REGULATOR

*Precision-engineered, this pressure-reducing device assures adequate humidification of oxygen in nasal administration. It controls the flow from the cylinder—accurately measured and indicated by a sensitive gauge.*

Features include: single stage regulator and gas atomizer element in standard replaceable humidifier jar, built-in moisture trap, tube-type leader gauge and safety valve. Made of forged brass, heavily chrome-plated.

*In oxygen therapy—to be sure, specify Liquid Red Diamond Equipment. Write today for special descriptive leaflet, "Oxygen Therapy Regulators."*

Price LM300 (F. O. B. Chicago).....\$53.75  
LM302 Humidifier and 2 Stage Regulator.....\$63.75  
For other types of Oxygen Therapy Regulating Equipment, write for descriptive folder.

MEDICAL GAS DIVISION

## THE LIQUID CARBONIC CORPORATION

3110 South Kedzie Avenue

Chicago 23, Illinois

*Branches in Principal Cities*

In Canada: **WALL CHEMICALS CANADIAN CORPORATION**

Montreal • Toronto • Windsor

# OPTIMUM ANTI-ANEMIA RESPONSE

VITAMIN B<sub>12</sub>, isolated in the Merck Research Laboratories, is available as Cobione\* (Crystalline Vitamin B<sub>12</sub> Merck). Cobione has been proved by clinical studies to exert high hematopoietic activity in the treatment of

- ★ PERNICIOUS ANEMIA (uncomplicated)
- ★ PERNICIOUS ANEMIA with neurologic complications
- ★ PERNICIOUS ANEMIA in patients sensitive to liver preparations
- ★ NUTRITIONAL MACROCYTIC ANEMIA due to Vitamin B<sub>12</sub> deficiency
- ★ MEGALOBlastic ANEMIA OF INFANCY (certain cases)
- ★ SPRUE (tropical and nontropical)

## COBIONE:

- A crystalline compound of extremely high potency.
- Effective in extremely low doses, because of its high potency.
- May be administered subcutaneously or intramuscularly in precise dosage.
- No known toxicity in recommended dosages.
- Supplied in ampuls of 1 cc. of saline solution of Cobione, each cc. containing 15 micrograms of Crystalline Vitamin B<sub>12</sub>.

*Literature available on request.*

B<sub>12</sub>

*\*Cobione is the trademark of Merck & Co., Inc. for its brand of Crystalline Vitamin B<sub>12</sub>.*

# COBIONE

TRADE-MARK

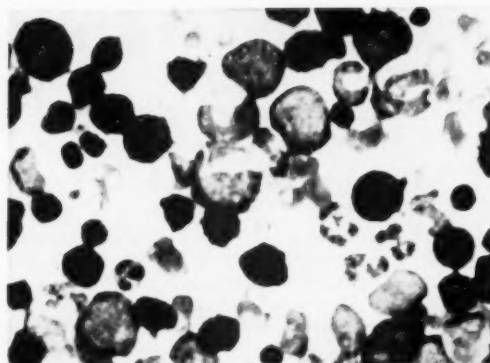
(CRYSTALLINE VITAMIN B<sub>12</sub> MERCK)



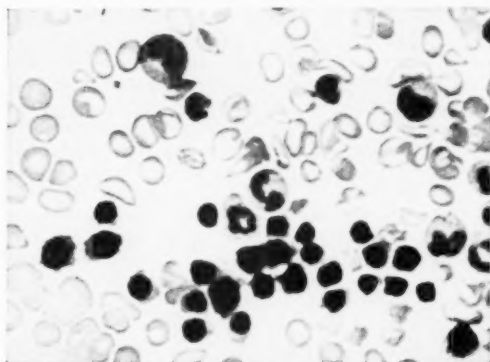
MERCK & CO., Inc.

*Manufacturing Chemists*

RAHWAY, N. J.



*Smear showing megaloblastic bone marrow of patient with pernicious anemia before treatment with Cobione*



*Bone-marrow smear from same patient ninety hours after a single injection of 0.025 mg. of Cobione*

## Notes and Abstracts

Prepared by the Committee on Pharmacy and Therapeutics  
University of Illinois College of Medicine, Chicago 12

### NEWER TREATMENT of the CHRONIC ALCOHOLIC

**C**HRONIC alcoholism is a serious disease occurring in most instances in persons who cannot get along with the difficulties of society and civilization. These persons are most likely not born that way but become what they are because of their environment. At least three types may be segregated from the general population of alcoholics.

The first of these types is a suppressed, aggressive antisocial type who dislikes society and uses alcohol instead of more rapidly acting poisons to commit slow, social suicide. He attempts self destruction by drowning his hopelessness and despair with alcohol but succeeds only in getting drunk and poor.

The second type constitutes a larger group of inadequate personalities who, lacking an aim in life, follow the leader in whatever habit chances to come their way. These are the spineless, weak-kneed types who lack originality even in their drinking.

The third type is a minority group comprised of individuals who were dominated in childhood and use alcohol as an assertion of their independence and for the discomfiture of their parents—until they can no longer leave it alone.

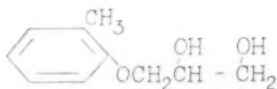
#### Conditioned Reflex Treatment

Dr. Benjamin Rush stated about 1850 that he had a servant who used alcohol to excess. Accordingly, he doped the whisky with tartar emetic which, when the servant drank, "so poked him" that he would not touch a drop thereafter. We know from Pavlov's work that dogs can be easily conditioned against certain foods which produce adverse symptoms, and

thus this treatment has been used with some success in man. Our greatest difficulty in the use of this method is our failure to develop new and less toxic drugs for this purpose so that emetin, tartar emetic, or apomorphine must be used, each of which has certain serious toxic side-effects.

Voegtlin and Broz, working at Shadel Sanitarium, Seattle, have had the greatest success with this form of therapy. Utilizing apomorphine and emetin in five to seven courses of emetic conditioning, they have treated 2323 cases of chronic alcoholism and here give their data for the 10 year period, 1935 to 1945. They found that one conditioning series will cause 85 per cent of alcoholics to remain abstinent for six months, 70 per cent for one year, 60 per cent for two years, 40 per cent for four years, 30 per cent for seven years, and only 25 per cent for 10 years or longer. However, patients who relapse following conditioning therapy enjoy an average of 11 months of sobriety between treatment and the time they again start drinking. They believe that adjuvant therapy, such as psychotherapy, social economic and physical rehabilitation, would enhance the results obtained by their conditioning methods.

#### TOLSEROL (Myanesin) Treatment of Acute Alcoholism



In the course of clinical trials of tolsanol (3-orthotoloxyl-1,2-propane-

diol) in patients suffering from acute and chronic psychoses, it was observed that the drug alleviates the anxiety and reduces the spontaneous activity of patients suffering from psychoneurotic anxiety states. In particular, beneficial effects were obtained in the treatment of prolonged alcohol intoxication in abstinence.

In patients with acute alcoholism, each with the "shakes" after prolonged bouts, tolsanol, in oral doses of two to three grams, promptly reduced or abolished the gross tremor. This was best seen on their raising a cup of coffee to the lips. Before the administration of the drug, both hands were needed in each case, and this heroic effort resulted in spillage. Within 30 to 60 minutes after the ingestion of the drug, the cup could be lifted with one hand in normal fashion and without spilling. Severe anxiety was as promptly relieved, and the patients reported feeling comfortable with the exception of "hangover" effects, such as headache and gastric distress.

All of these patients had been chronically readmitted to the hospital and had previously required paraldehyde and barbiturates for three to four days after each prolonged intoxication. No such sedation was now necessary. Their subjective reports were that the relief experienced with tolsanol was prompter than with either of the other types of sedatives and, in addition, they felt "wide awake" and closer to "normal."

So far, beneficial effects of tolsanol have been obtained in prolonged intoxication on abstinence only. The drug has no value in depressing the craving for alcohol in chronic alcoholics, nor does it condition them against alcohol.

Tolsanol is a central nervous system depressant drug, acting predominantly on the internuncial neurones. In contrast to the usual sedatives (paraldehyde, barbiturates), it does not cloud consciousness. It is therefore assumed that its beneficial effects in alcoholics on abstinence are due to an interruption or depression of reverberating closed circuits of excitement in the internuncial pool. This drug has now passed its experimental stage and is available from E. R. Squibb & Co. and several other pharmaceutical firms.

#### Antabuse Therapy

Tetraethylthiuram disulfide is an old chemical that has been used for many years in the rubber industry as one



FIGURES  
*prove it Economical...*

EXPERIENCE  
*proves it Indispensable*

The MODERN  
Cold Pack Service



TOMAC Freez-A-Bag

Briefly, FREEZ-A-BAG eliminates the manufacture, purchase, storage, hauling and cracking of ice. It saves the cost of expensive ice caps—the hours wasted by nurses preparing ice, filling and emptying caps. For the patient, FREEZ-A-BAG is more therapeutically effective and more comfortable.

*"The hospital that once uses FREEZ-A-BAG will find that the nurses, patients and doctors would not go back to the old style of ice caps."*

That's quoted from a report of a hospital superintendent who used the FREEZ-A-BAG technique for ten years.

He kept a close record of costs. We obtained by survey, the costs of cracked ice cold pack service in comparable hospitals.

*Our findings:* In addition to its many functional advantages, FREEZ-A-BAG will pay for its installation cost in 26 months. From then on the lower cost is clear saving throughout the long life of the equipment.

Ask the AMERICAN Representative for detailed information. Or, write direct to us in Evanston.



PLAN WITH AMERICAN  
... the first name in hospital supplies

AMERICAN HOSPITAL SUPPLY CORPORATION  
GENERAL OFFICES • EVANSTON, ILLINOIS

We cordially invite  
you to visit our  
Booth

**No. 36**

at the American  
College of Surgeons  
Annual Meeting,  
Stevens Hotel,  
Chicago, Ill., October  
17th to 21st, 1949.



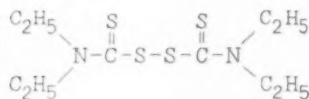
**SWEDISH  
SURGICAL  
INSTRUMENTS  
OF STAINLESS  
STEEL**

...designed to please  
the exacting Sur-  
geon.

Write for our  
new illustrated  
PRICE LIST

**BROLI INSTRUMENTS, INC.**  
175 Fifth Avenue  
NEW YORK 10, N. Y.  
Telephone GRamercy 7-1450

of the substitutes for inorganic sulfur in the curing of rubber.



Workers exposed to these industrial processes have noted that their tolerance to alcoholic beverages is markedly reduced. Recently this chemical was found to have fungicidal properties, and on this basis the Danish scientists Hald and Jacobsen (*Lancet* 2:1001, 1948) thought the compound might be effective as an anthelmintic or vermifuge. They therefore established its oral tolerance and lack of chronic intoxication in various experimental animals. When these animals showed no signs of chronic poisoning, they were encouraged to take oral doses of the chemical themselves.

The research workers noted no change in themselves until they consumed a cocktail preceding a formal dinner. This small amount of alcohol, which ordinarily would only increase their appetites and elevate their moods, made them deathly sick with flushed skin, throbbing headache, palpitation, sweating and finally nausea and vomiting.

After comparing notes and repeating the experiment, they went back to their laboratory animals to find out why man became so intolerant to small doses of alcohol. They found that in the dog tetraethylthiuram disulfide blocked the burning of alcohol at the stage of acetaldehyde, which chemical then persisted in the body to produce all of the disagreeable symptoms that they had experienced.

While the dog provided the answer, the ingenuity of scientists Hald and Jacobsen envisioned a use for this action. Why not give this substance to alcoholics? Would they then become intolerant to alcohol and by the disagreeable symptoms become conditioned against alcohol? Further work in the dog showed that this might be possible since the compound was excreted very slowly and might thus "protect" the patient for several days after discontinuation of medication. We know from the report of Benjamin Rush and the careful studies of modern scientists that serious reactions to alcohol will condition the patient against drinking.

The chemical was thus named anta-

buse (for anti-abuse of alcohol and not for anti-booze!) and tried clinically by Martensen-Larsen (*Lancet* 2:1004, 1948). He found that antabuse gave promising results in 74 of the 83 alcoholic patients treated. Since then from 3000 to 4000 patients have been treated in Denmark, but many of these have not been observed long enough to determine accurately the incidence of relapse.

#### Treatment Schedule

Patients chosen for antabuse therapy must have sufficient insight into their troubles to want to be free of the alcohol habit. Therapy cannot be sneaked into the patient, nor can he be tricked into getting well when his desires are the reverse. However, this drug can be pointed out to the patient as a medicine that will so lower his tolerance that a single drink will make him seriously ill and multiple drinks may endanger his life.

The hospitalized patient is given a thorough medical examination after he is free of the effects of his chronic alcoholism. If physically fit, the patient is started on 1.5 to 2.0 grams of antabuse the first day, 1.0 to 1.5 grams the second and third days, 0.75 to 1.0 gram the fourth day, and a daily maintenance dose of 0.75 gram thereafter.

Some time after the fifth day the patient is given 1½ ounces of whisky or a pint or more of beer to drink to reinforce in his mind that he is now intolerant to the "stuff." This will result in the following signs and symptoms resulting from the alcohol being burned in the body only to acetaldehyde:

1. Rise in blood acetaldehyde to 0.2 to 0.3 mgm. per cent.
2. Cardiac palpitation.
3. Throbbing headache with face flushed.
4. Rapid respiration and heart rate.
5. Shivering, salivation, nausea and vomiting.
6. Dizziness and syncope resulting from a low blood pressure that accompanies the vasodilating effects of acetaldehyde.

Since many of these symptoms simulate nitrite poisoning, the patient should be placed in the supine position when symptoms become severe. These symptoms may last from one to four hours; unfortunately we have as yet no antidote for this reaction should it become alarmingly severe. After this demonstration of the patient's intolerance to alcohol, he must

*"And show me simples of a thousand names,  
telling their strange and vigorous faculties"*

Milton, Comus 116341

Physicians of the 17th century were well aware of the "vigorous faculties" of certain drugs. Without the means and knowledge of rational evaluation, these powers seemed strange and uncertain.

Today the physician knows the nature of the drugs he prescribes. He employs them to the patient's fullest benefit.

For eighty-two years, the work of the medical profession has been aided by **MALLINCKRODT** original research and manufacturing skill. Physicians know that the uniform dependable purity of **MALLINCKRODT** products has rendered these "faculties" of drugs ever more "vigorous."

**MALLINCKRODT** Ether for Anesthesia

**MALLINCKRODT** X-ray Media

**MALLINCKRODT** Prescription Chemicals



An Alchemist of Milton's Time



*82 Years of Service to Chemical Users*

**MALLINCKRODT CHEMICAL WORKS**

Mallinckrodt Street, St. Louis 7, Mo. • 72 Gold Street, New York 8, N. Y.  
Chicago • Cincinnati • Cleveland • Los Angeles • Montreal • Philadelphia • San Francisco  
**UNIFORM    DEPENDABLE    PURITY**

continue to protect himself with daily doses of 0.75 gram of antabuse.

Some patients may require numerous demonstrations of their intolerance before they will refuse the alcohol test. If the patient plans a drinking bout and purposely omits his daily dose, he will still have a severe reaction since at least six to 14 days are required for antabuse to be completely detoxified by the body. Since the reaction to alcohol is extreme and the alcoholic's flesh is weak, each patient, when ambulant, should be given a card to carry which states that he is on antabuse

therapy and should be hospitalized if found at the time of a severe reaction.

#### Contraindications

The following situations constitute contraindications to antabuse therapy:

1. Medicinals, such as tonics and cough syrups that may contain alcohol, cannot be used.
2. Paraldehyde cannot be tolerated by these patients since it is a triomer of acetaldehyde.
3. Simultaneous therapy with thiouracil derivatives for thyroid disease is contraindicated.

4. Pregnancy is a contraindication since acetaldehyde may be more important in fetal carbohydrate metabolism.

5. Diabetics tolerate this therapy very poorly.

6. Heart disease of sufficient severity makes the reaction to alcohol risky.

7. Liver damage of any grade makes the therapy risky since in animals excessive dosage of antabuse results in liver damage.

8. Nephritis patients with a slight albuminuria will have this increased by antabuse therapy.

9. The mixed alcoholic and narcotic addict will not be benefited by antabuse therapy but will promptly shift to barbiturates and opiates if available. In this regard the alcoholic on antabuse should not be treated with barbiturates since these drugs may substitute for the alcohol that he cannot tolerate. (Barbiturates and anesthetics are not potentiated by antabuse therapy.)

However, if the patient on antabuse therapy does not ingest alcohol, his symptoms from the therapy are slight indeed. In the Danish series of patients 50 per cent complained of tiredness; some complained of G-I disturbances, such as diarrhea or obstipation; a few complained of restlessness; while 15 per cent stated that they slept better, and in three cases a macular-papular skin eruption disappeared when the drug dosage was decreased.

It is obvious from these data that antabuse can be used only under expert medical supervision in clinics specially set up to treat the alcoholic and to combine psychiatric care with careful social and economic rehabilitation.

The drug is still in the investigative stage but may be obtained for use in qualified clinics by writing to Ayerst McKenna and Harrison or the Monsanto Chemical Co.

#### Summary

Thus we now have three types of drug therapy for the chronic alcoholic in addition to general depressant and symptomatic therapy used in the past. These are: (1) emetics, to produce a conditioned reflex against alcohol; (2) tolserol, to sedate the shakes without clouding consciousness, and (3) antabuse, which, if carefully used, will safely decrease the alcoholic's tolerance to alcohol.—C. C. PFEIFFER, M.D., and KLAUS UNNA, M.D.



### Minimize Trauma, Pain and Leakage

Conventional hypodermic needles are like miniature biopsy needles—they cut out tiny cylinders of tissue removing nerve elements. In tissue so traumatized, pain lingers and the medication may leak out along the path of the needle.

The rapier-points and rounded edges of "Blue Label" Needles are designed to penetrate by parting rather than by painfully slicing tissue fibers. Rapier-points are stronger—stay sharp longer because they contain more metal than conventional needles. These hand-honed needles are subjected to painstaking control and inspection at every stage of manufacture to insure freedom from chips, burrs and abrasives. Thus, "Blue Label" Needles offer hospitals definite savings in time and money. Why not order a supply today from your nearest surgical supply dealer? J. Bishop & Co. Platinum Works, Medical Products Division, Malvern, Pa. In Canada: Johnson Matthey & Mallory Co., Ltd., 110 Industry Street, Mt. Dennis, Toronto 16

## BISHOP "BLUE LABEL" NEEDLES

Made of 18-8, the safe stainless steel

SERVICE TO SCIENCE AND INDUSTRY SINCE 1842



## MODERN APPARATUS

# FOR *Resuscitation*

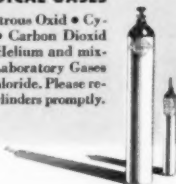


### OHIO HOSPITAL EQUIPMENT

Heidbrink Anesthesia Apparatus  
Ohio-Heidbrink Oxygen Therapy  
Apparatus • Kreiselman Resuscita-  
tors • Scanlan-Morris Sterilizers  
Ohio Scanlan Surgical Tables  
Operay Surgical Lights • Scanlan  
Surgical Sutures • Steril-Brite Fur-  
niture • Recessed Cabinets • U.S.  
Distributor of Stille Instruments.

### OHIO MEDICAL GASES

Oxygen • Nitrous Oxid • Cy-  
clopropane • Carbon Dioxid  
Ethylene • Helium and mix-  
tures • Also Laboratory Gases  
and Ethyl Chloride. Please re-  
turn empty cylinders promptly.



**A**DEQUATE treatment of asphyxia and oxygen deficiency in all types of cases demands modern equipment for resuscitation and for the administration of oxygen to meet varying conditions. Ohio-Kreiselman Resuscitators provide positive, reliable, safe control of gas pressure by automatic and regulator equipment which provides three stages of automatic pressure reduction. Kreiselman resuscitators are made in two general types: one designed essentially for use in asphyxia neonatorum, and the other for use in resuscitation of children and adults. All models embody identical principles and when equipped with proper sizes of masks are complete and adequate for the treatment of infants, children or adults. The catalog, "Kreiselman Resuscitators," mailed on request, gives complete details. For immediate detailed information, call our nearest branch sales office.

# Ohio Chemical

THE OHIO CHEMICAL & MFG. CO. 1400 East Washington Ave., Madison 10, Wisconsin  
Branch offices in principal cities • Represented in Canada by Ohio Chemical Canada Limited,  
Montreal and Toronto, and internationally by Airco Corporation (International), New York 18.



# Food and Food Service

Conducted by Mary P. Huddleson

## Administrators, Please Note —

### THE PART PLAYED BY THE DIETITIAN

A MODERN hospital today exists as a physician's workshop in which is concentrated the multitude of facilities that enable him to diagnose and treat patients. Without these facilities the physician would have to render his services to his patient either in his office or in the patient's home with inevitable mediocre results. Not the least of the facilities with which the physician is provided in a hospital is the modern dietary department. It is timely that with the emphasis now being placed on adequate nutrition and diet therapy in the medical care of patients, we should give some detailed consideration to the dietitian's rôle in fields of food service and diet therapy.

#### A RECENT DEVELOPMENT

To have a trained dietitian, a person with a scholastic degree at the head of the hospital dietary department, is a relatively new development. Food used to be prepared in hospitals, as it largely is in hotels, by lay people who were primarily "cooks." As time went on, it became apparent that this group was incapable of planning menus and preparing food for the sustenance of the sick. All too often the patients were given what the cook thought they should have, which bore little or no relation to the patient's actual food needs or his medical condition. But all this is now changed and there are at the head of dietary departments competent women, well trained, who work in close harmony with the medical staff and with the hospital administration to provide for the food needs of both patients and personnel.

Sharing the responsibility of one of the major departments of the hospital, the hospital dietitian has proved her worth beyond question, and today we could not do without her. In fact, her record is now so outstanding that in-

**G. F. STEPHENS**  
Administrator  
George F. Geisinger Memorial  
Hospital and Clinic  
Danville, Pa.

dustry, too, has more and more demanded dietitians to head food services of various types in hotels, department stores, restaurants and large industrial food services. Dietitians do a job and do it well with little fuss and a maximum of service when they undertake a task. Day in, day out, 365 days a year, three times a day, they meet the demands upon their department for good food, well served.

What qualities should a dietitian have in order to be successful? She should, of course, be technically competent, but this should not head the list. First, whether she is administrative or engaged in nutrition, a dietitian should be imbued with the spirit of service, taking her cue from the long professional tradition of the medical profession, since it is with this group that she will primarily be associated. Dietitians are professional people as are physicians, administrators, nurses and other groups, and if the dietitian in teaming up with other personnel in the hospital does not have the feeling of wanting to do things for people, she will never be successful in her chosen profession. She will never be first class.

The criteria for those who would enter into the field of dietetics is, Do you like people? Do you like doing things for people? If there is hesitation in answering these questions, it is doubtful if the applicant will ever become successful in her chosen field.

It follows that a dietitian should have initiative and should want to do a good job. One of the sad observations administrators make today is the number of people who lack initiative and yet expect to hold good positions

and be paid good salaries. In the long run, the dietitian who achieves real success is one who has ideas and initiative and who gets along well with people. It is a question of good or bad motivation and the individual's own philosophy.

The second quality that a dietitian should possess is that she should be a "real" person. She will be assuming a position of responsibility in which she will have contacts with people at the same professional level and in many instances she will supervise a large number of subordinates. No one can be in charge and be successful in such a position unless she is a real person. She should be fair and honest, both with herself and with the hospital where she is working; she must know how to get along with people and be interested in them and know how to work with others. Furthermore, the dietitian should be in sympathy with the work of the hospital and its policies and not be there just to do a job.

#### SHE SHOULD CHANGE JOBS

Professional status brings responsibilities. If the dietitian is not interested in her job and if she lacks satisfaction in her work, she should in all fairness acquaint her superior with the problem and, failing its solution, change to another situation.

Certainly a dietitian should be technically competent, and if she has received good training she will be. What is a dietitian expected to know in order to be classified as competent? Needless to say, the dietitian is expected to know everything there is to know about food—what food is, what it does, where it comes from, what the food habits of various population groups are.

The dietitian is expected to know how to carry out food preparation and



*Sexton*  
*Quality Foods*

# *Delight!*

The tongue-tingling juice of luscious, tree-ripened grape fruit . . . or juicy segments of the fruit itself . . . as styled by Sexton will delight your guests . . . titillate their taste . . . give a zoom to their appetites. Complete your service with the full variety of Sexton juices. Vitamin-rich and flavorful, they are both profitable for you and pleasurable to your patrons.

JOHN SEXTON & CO., 1949

*Good Food for*



*Pleased Guests*



## Watch Performance—Plan for Payoff

THE PROOF lies in today's machine-equipped kitchens. Notice the alert kitchen manager, keeping a *constant* eye on the entire operation. Observe how careful management and efficient machines bring higher standards with lower operating costs.

Now take another look—see how those higher standards are achieved, why lower costs are possible. Watch how food preparing machines improve food quality, enhance food flavor and

appearance. Watch too the effortless, rapid manner in which dish and glass-washing machines clean tableware—make it sparkle. And check the results of these machine installations. Note the lower costs per serving—greater output—fewer payroll hours.

Then look at the machines themselves—mark that well-known Hobart nameplate. *Hobart food and kitchen machines*—engineered and designed by the largest manufacturer in the

industry—proven by the success of countless installations—backed by more than a half-century of kitchen machine experience. And consider this. A complete kitchen installation of Hobart food and kitchen machines means one-call service with *everything* handled through your own, convenient, Hobart representation. Why not talk it over?

Steakmaker® tenderizers are manufactured by Hobart-Federal Engineering Corporation, a Hobart subsidiary.  
\*Reg. U.S. Pat. Off.



DISHWASHERS



GLASSWASHERS



PEELERS



MIXERS



SLICERS



COFFEE MILLS



CHOPPERS



MEAT SAWS



TENDERIZERS



SCALES



FOOD CUTTERS



BEAN SLICERS



# Hobart Food Machines

THE HOBART MANUFACTURING COMPANY, TROY, OHIO • Factories in Troy, Dayton, Greenville, Minneapolis, U.S.A. • The World's largest Manufacturer of Food and Kitchen Machines

CANADA • BRAZIL • ENGLAND • AUSTRALIA • FRANCE

to know the technics of food preparation; she needs to know the personnel required and the equipment necessary for successful completion. She will, in addition, have to know the policies of her hospital with respect to the food budget and with respect to the admission of patients so that she may properly determine the quality and type of food to be served. She needs to know the extent of the hospital's teaching function and the effect of such teaching affiliation upon her department.

This knowledge is equally essential whether the dietitian is engaged in administration, therapy or teaching, since in all three groups she must know the underlying principles and technics of food—how to prepare it and how to serve it. Duties overlap to a lesser or greater degree, for food service must go on every day in the year and all dietary employees must be prepared to shift from their regular activity to help out on occasion.

A consideration of the authority and responsibility of the dietitian is important if her task is to be successfully accomplished. The dietitian must know how to organize her department into subdivisions to meet all demands upon the food service, whether it is one that she is taking over in an existing hospital or whether she is organizing a new department in a new institution.

#### **MUST HAVE AUTHORITY**

In organizing the department, the dietitian is expected to assign duties fairly and to assign responsibility to subordinates, at the same time delegating commensurate authority to those she holds responsible. Without adequate authority subordinates cannot be held responsible. Too often there is misunderstanding about those two phases of organization, and it is well to have it clarified.

The dietitian must constantly carry on the function of supervision. To be a good supervisor she must make frequent and unscheduled rounds to see that the personnel is carrying out its duties. She must inspect and correct—and do it again and again—and she cannot assume that everything is as it should be unless she is convinced by inspection that the routines and schedules are being adhered to. Only by adequate supervision can standards be maintained.

A good supervisor detects mistakes and errors; a poor one does not. One thing that a good dietitian detects is food waste. One competent dietitian

in a large hospital has said, "We want to know how the patient accepts the food that is placed before him. That is the criterion of the effectiveness of our food service." Raw food expense and preparation time are both wasted if the consumer rejects any food placed before him. Well run hospitals are constantly on the lookout for waste to see that waste in the garbage can does not exceed acceptable limits. It has been often said that a successful restaurant is run by two partners: one is out in the front of the place to supervise the service, and the other is in the kitchen to see that servings are not too large and that the garbage cans remain comparatively empty.

#### **CHECK CONTENTS REGULARLY**

The way that the hospital dietitian can know the state of her garbage cans is to check their contents at regular intervals together with test weighings. This observation will, if intelligently applied, result in both lower food costs and an improved menu.

In carrying out the function of supervision, the dietitian must interest herself in the state of her equipment, both in the preparation area and in the equipment used for the transportation of food to the floors and in the serving kitchens.

Employment of so many women in mechanical tasks during the war demonstrated that the fair sex can be mechanically minded, and it is a wise dietitian who has at least a superficial knowledge of the operations of each of her major pieces of equipment. More and more the food service, as in other departments, is becoming mechanized to increase efficiency, but with the increased investment in equipment, it is necessary that a responsible person be in a position to judge when equipment needs repair and to ensure that repairs are made promptly.

The mechanically minded dietitian can save herself and her personnel hours of extra work and much inconvenience by inspecting equipment and reporting defects, so that minor repairs can be made before they become major ones. Good relations with the maintenance department is a help, too, and if the mechanics are welcomed in the kitchen on a cooperative basis rather than blamed for every mechanical defect that arises, their service will be prompt and efficacious. A wise dietitian will even get to the point where she can persuade the maintenance department to do preventive maintenance

to the mutual advantage of both departments.

Since the dietitian spends as much as 24 cents of every hospital dollar, the administrator expects her to obtain full value for it. She cannot assure him that this requirement is being complied with unless the food itself is inspected and checked constantly, both as raw food and just before it goes to the ultimate consumer, the patient or hospital employee.

Checking of food just prior to the time it goes to the ultimate consumer involves these questions: How does it taste? Does it have flavor? Are hot things hot and cold items cold?

It should not be necessary to mention this, but unfortunately in our hospitals today, even with the most modern equipment, we still have complaints about the condition of the food when it reaches the consumer. Only with this check can the dietitian be sure that her product is acceptable and that what she prepared will be consumed.

Inspection extends to the patient's tray. Since the war there has been great improvement in the appointments of patients' trays, but if food service standards are to be maintained, this, too, must be constantly reviewed. It is not enough to leave maintenance of standards of the patient's tray to subordinate maids or tray service supervisors, if the service is to be maintained as it should be.

#### **ACCEPT HELPFUL CRITICISM**

Dietitians should have the moral courage to ask the customers, both patients and personnel, what they think of the food. This may appear to leave the dietitian vulnerable to attack, but if she has the ability to serve good food, she can and should solicit and accept constructive criticism. The usual answer will be that the food is good, but there is just one little thing that the patient wishes to mention. By correcting that one little thing, once again standards of food service will be maintained.

In the planning of menus, the dietitian can be successful or unsuccessful. Needless to say, the contents of the menu depends on the budgetary policy of the institution; fortunately, in the past few years hospital menus have improved tremendously in variety and in quality. No menu will be universally acceptable to all those for whom it is planned. However, more frequent use of frozen foods and out-of-season fresh



produce, plus adequate storage facilities for suppliers and hospitals, has enabled dietitians to plan far better menus than they ever did, with greater variety and with more palatable food items. Menu planning, to be successful, can never be static; it requires constant review.

What is expected of the therapeutic dietitian, that combination of saleswoman and social worker, who has been so successful in recent years in working out, with the physician, the patient's dietary problem?

This dietitian has a selling program to do, and she also has the responsibility for formulating a plan for the patient's diet, often not only for the immediate period of hospitalization but

for the rest of the patient's natural life. She will be much more successful if she has a broader outlook on life than just her own specialty. She, too, needs to be a "real" person, with a knowledge of current affairs and the fields of art, literature and other matters that will give her conversational openings which she would not otherwise have with patients, so that she may establish a proper rapport.

It is necessary, too, that the therapeutic dietitian establish an understanding not only with the patients but with the physicians, some of whom even now are not fully aware of what a therapeutic dietitian can do for them and for their patients. By careful planning, much can be accom-

plished to make the doctor fully aware that the dietitian stands ready and willing to assist him in all nutritional problems.

After all, dietitians are relatively new in the medical scheme of things. The dietitian is the one to make the approach and to follow through so as to establish a working relationship with members of the hospital staff.

In today's modern hospital food plays an increasingly important rôle in the care of the patient and in the maintenance of good personnel relations. The dietary department must be headed by a competent, well trained interested person if diet is to move forward as an even more important factor in our whole medical scheme.

## MAJOR POINTS OF KITCHEN SANITATION

### THE EMPLOYE AND SANITARY PROCEDURES

REGARDLESS of all of the new developments in the design and installation of equipment, regardless of how carefully and thoroughly employees are taught to use them properly, and regardless of how much servicing and maintenance the hospital engineer provides, food service in a hospital will not be safe unless personnel is taught to maintain strict personal cleanliness while on duty. Just as a dirty towel can contaminate dishes which have had the finest sanitizing process in the dishwashing machine, so can the employee with his dirty hands contaminate the food which has been very carefully stored in the refrigerator. In addition to the proper location of toilet rooms for each sex in a convenient relationship to the kitchen, handwashing lavatories should be provided at strategic locations throughout the kitchen. Employees cannot be expected to wash their hands thoroughly and frequently if facilities of this sort are not conveniently made available to them. The old theory has been that such handwashing can take place in the vegetable-preparation sink or the pot and pan sink. Present day design

This is the second and concluding section of Mr. Hendrix' discussion of kitchen sanitation which was presented at the Tri-State Hospital Assembly, May 1949.

### GEORGE K. HENDRIX

Chief

Division of Hospital Construction and Services  
State Department of Public Health  
Springfield, Ill.

of hospital kitchens requires one or more handwashing lavatories installed at convenient locations and furnished with a gooseneck spout. Liquid or powdered soap and individual towels are also provided.

A few years ago, the tendency was for persons employed in food service departments to receive a preemployment physical examination followed by other examinations at semiannual or annual periods. It is a well known fact that much can happen to an individual in the way of sickness during this interim, all of which tends to break down the false sense of security afforded by the fact that a person was free of communicable disease at the time of his examination. It is now felt that while the preemployment examination has merit as a means of screening out persons who are unfit for food service, more weight should be given to a day by day observation of employees by the person in charge of the food service. Persons having cut fingers, boils or a common cold should immediately be dismissed from working in food service whether it is in

the kitchen or on the floors. The responsibility for early detection of such cases is an administrative problem.

### INSECTS

A discussion on this subject of kitchen sanitation would not be complete without a few comments on insects. Perhaps the most troublesome insects in a hospital kitchen are flies and cockroaches. There is no such thing as a clean or harmless fly. A fly lives in filth, it breeds in filth and it eats filth. It is not particular as to its playground or its table manners. It has been estimated that under ideal conditions within a period of 40 days one fly can produce enough offspring to weigh 140 pounds. The following are a few of the essentials in an effective fly control program:

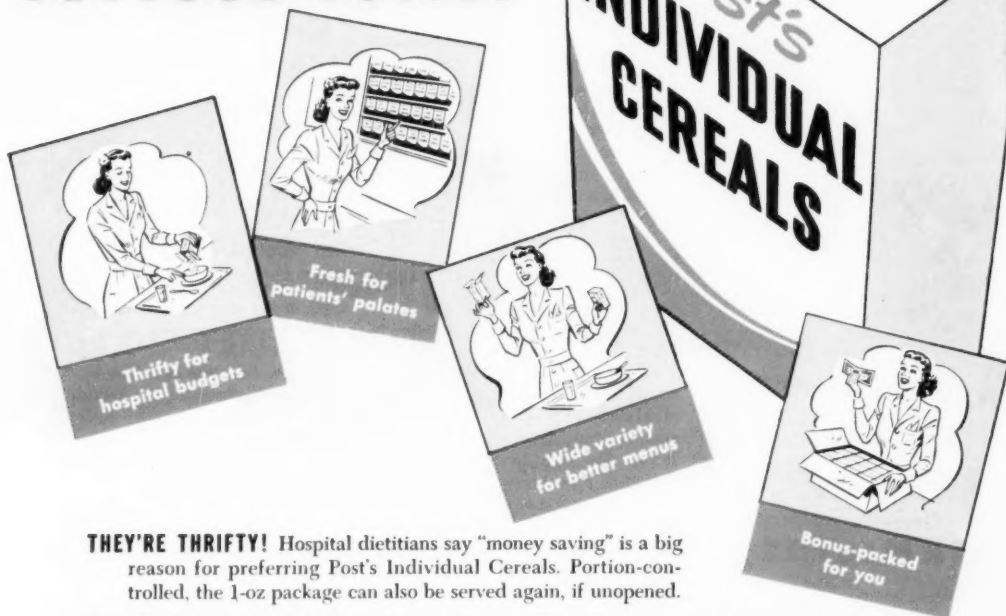
1. Garbage refrigeration facilities should be provided in the hospital along with facilities for proper can washing.

2. In instances where refrigerated garbage storage cannot be provided, the can area outside the building should be kept scrupulously clean and



*Dietitians prefer these Cereals  
because they*

# CUT FOOD COSTS!



**THEY'RE THRIFTY!** Hospital dietitians say "money saving" is a big reason for preferring Post's Individual Cereals. Portion-controlled, the 1-oz package can also be served again, if unopened.

**THEY'RE FRESH-PROOFED!** Post's are protected. The cellophane wrapping seals in the crispness and nourishment.

**THEY'RE ALL FAVORITES!** Post's provide variety . . . a complete cereal shelf . . . a delicious cereal for every taste.

**AND YOU GET A BONUS!** Like almost all other General Foods products, Post's are packed with premium coupons. Write for free prize catalog illustrating gifts for home, office, and kitchen. General Foods Premium Dept., Battle Creek, Mich.

## POST'S *Individual* CEREALS



## 100 YEARS of progress on a basic discovery

### 1. First PHENOL

Popularly called carbolic acid, phenol is a powerful caustic poison with disinfecting qualities. It is toxic and has the characteristic phenolic odor.



### 2. then CRESOL



Derived from phenol, cresol is less caustic and toxic. It has a strong-smelling odor in use.

### 3. NOW!

## ARO-BROM<sup>G.S.</sup> The Modern, Non-Specific GERMICIDE

Odorless, non-corrosive and non-toxic, ARO-BROM G.S. is completely safe in use. Derived from cresol by molecular synthesis, ARO-BROM is non-specific and has excellent penetration characteristics. Wide-spread use in the nation's hospitals proves its effectiveness and economy. ARO-BROM represents no radical departure from the accepted principles of disinfectants long in use. Write for complete details.

ARO-BROM G.S. is made by the makers of SOFTASILK 571 SURGICAL SOAP... another product of the research laboratories of



**The GERSON-STEWART Corp.**  
LISBON ROAD • CLEVELAND, OHIO

should be sprayed with a residual type of spray similar to DDT. Treatment with DDT will be necessary at periodic intervals because of the effect of rainfall.

3. Doors and windows should be screened with at least a 14 mesh screen during the fly season. All doors should open outward.

4. A fly spray having contact killing properties should be used in the food service areas for an immediate kill. The reason for this is to prevent flies from meeting a gradual death and falling into food or on utensils.

5. There should be a double set of self-closing doors to separate any toilet rooms from the rest of the dietary department. The doors should be arranged so that they cannot both be opened at the same time by the same person.

6. Uncovered food containers should not be left in the kitchen between meals.

7. Strict observance of any other fly control measures which may be instituted.

Like flies, cockroaches are also filthy insects. Even though there is no record of a cockroach having caused a disease outbreak, nevertheless, anyone familiar with the living habits of a cockroach must be aware of his potentialities. The commonest type of roach found in food service departments is the German roach—a rather small insect usually not over  $\frac{1}{8}$  inch long, light brown in color with dark stripes between the head and wings. This species of roach usually does not migrate for any great distance as the American and Oriental roaches are known to do. The German roach will pass through two or three generations per year. Unlike the fly, the observance of German roaches of different sizes indicates that you may be providing room and board for more than one generation. While the German roaches are famous for nocturnal feeding and exploring, it is not unlikely that during the daytime they may be found congregated in rather large masses behind sinks or radiators, under drainboards, inside mechanically-cooled drinking fountains where ideal moisture and warmth exist, behind posters, in cracks, in panels of walk-in refrigerators, under range ovens, or almost any other place in the kitchen where they are offered any degree of protection, moisture and warmth. The key to the control of roaches lies in the knowledge of where they conceal

themselves during the daylight hours. The following procedures are offered as control measures for this type of pest:

1. Deliveries of food, laundry or other packaged goods should be examined upon receipt.

2. Sodium fluoride powder may be dusted in the hiding or congregating places. The roach will not eat sodium fluoride but he does contaminate his feet with it and in the process of cleaning his feet in his mouth he will permit the poison to enter his body in that manner. It must be remembered that sodium fluoride powder is poisonous not only to roaches but also to human beings and it is, therefore, imperative that only a tinted powder be used since true sodium fluoride is white and could be mistaken for cornstarch, flour or similar material.

### NOT TOO EFFECTIVE

3. Pyrethrum dust is sometimes used in the control of roaches but is not too effective. While it is true that pyrethrum powder is capable of killing roaches, the per cent killed is not great. Colored sodium fluoride and pyrethrum powder are sometimes mixed in the proportion of 75 per cent sodium fluoride and 25 per cent pyrethrum, which mixture is fairly effective in that the pyrethrum acts as an irritant to the roach causing him to become more active, thereby causing his body to become well covered with the sodium fluoride which eventually will kill him. Pyrethrum powder is not known to be injurious to man.

4. While phosphorus paste has some killing effect upon roaches, particularly in damp climates, its usefulness is limited in that small doses are lethal to small animals and phosphorus in this form may present a fire hazard.

5. Most of the contact sprays used for the control of flies are not effective on roaches.

6. DDT residual spray has shown some effectiveness in killing the Oriental and American species of roach although it is less effective on the German species. Its place in the field of insecticides in the control of roaches is rapidly being replaced by chlordane (1068). Chlordane is quite effective against the German roach and gives a reasonably high kill within a 24 hour period. After the hiding place of the roach has been determined, this liquid should be sprayed under pressure into those areas. Chlordane should be considered as a poison and treated as such.



# Clean your Blickman Food Conveyor

with **LIVE STEAM**

hose it with **HOT WATER**

## CREVICE-FREE CONSTRUCTION

- protects insulation and electrical parts
- assures new standards of sanitation

To maintain the immaculate, sanitary surfaces of your Blickman-Built food conveyor, you cut grease and dirt with live steam — then wash with hot water. Cleaning is quick — simple — thorough. Water can't seep into the insulation or electrical elements when cleaning instructions are followed. *The reason:* Blickman conveyors have one-piece seamless tops and bodies of highly-polished, electrically-welded stainless steel. There are no joints, crevices, screws, bolts, or rivets to trap dirt or furnish breeding places for vermin. That's why Blickman conveyors cost little to maintain and assure long, trouble-free service. Blickman food conveyors are built for cleanliness and durability. They belong in your institution.

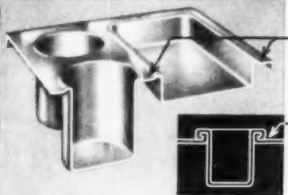


Model  
ALS-4922

## New SELECTIVE MENU CONVEYOR

- One conveyor now gives you a great variety of inset arrangements for your selective menus. Interchangeable square and rectangular pans can be placed in the rectangular wells in different combinations. Round wells are used for soup or other liquids; two heated drawers for special diets. Built with sanitary seamless top and one-piece crevice-free body.

## NEW BLICKMAN SANITARY TOP ELIMINATES CREVICES



**BLICKMAN CONSTRUCTION**  
Round and rectangular wells are integral part of top — forming continuous, crevice-free surfaces.

**ORDINARY CONSTRUCTION**  
Wells are separate units attached to top—permitting crevices to form where edges meet the top deck.

## SEND FOR New VALUABLE BOOK

Describing complete line of Blickman-Built food conveyors, including the widely-acclaimed selective-menu models. Contains detailed specifications.



## S. BLICKMAN, INC.

1510 GREGORY AVE., WEEHAWKEN, N. J.  
New England Branch: 10 High St., Boston 10, Mass.



**Blickman-Built**  
FOOD SERVICE EQUIPMENT



COFFEE URNS



STEAM TABLES



FOOD CONVEYORS



SINKS



WORK TABLES

# Menus for November 1949

Frances Lawler  
Cedar Valley Hospital  
Charles City, Iowa

<p><b>1</b> Orange Juice Toast and Plum Jelly</p> <p>•</p> <p>Cream of Spinach Soup Baked Potatoes Broccoli With Hollandaise Sauce Tossed Salad Ginger Muffins Ice Cream</p> <p>•</p> <p>Cream of Celery Soup Chicken Salad Shoestring Potatoes Cranberry Jelly Hot Muffins Apricots</p>	<p><b>2</b> Stewed Prunes Scrambled Eggs</p> <p>•</p> <p>French Onion Soup Ham With Raisin Sauce Candied Sweet Potatoes Asparagus Waldorf Salad Chocolate Cake</p> <p>•</p> <p>Vegetable Soup Macaroni and Cheese Green Beans Sliced Tomato Salad Royal Anne Cherries</p>	<p><b>3</b> Honeydew Melon Bacon Strips</p> <p>•</p> <p>Cream of Pea Soup Swiss Steak Mashed Potatoes Carrots Cauliflower Salad Ice Cream</p> <p>•</p> <p>Potato Soup Beef Biscuit Roll With Gravy Corn Grapefruit and Orange Salad Rainbow Gelatin</p>	<p><b>4</b> Apricot Nectar Omelet</p> <p>•</p> <p>Consommé Fish With Tartare Sauce Au Gratin Potatoes Beets Lettuce With French Dressing Schaum Torte With Frozen Peaches and Whipped Cream</p> <p>•</p> <p>Cream of Carrot Soup Escalloped Tuna French Fried Potatoes Sliced Tomato Salad Baked Apple</p>	<p><b>5</b> Grape Juice Soft Cooked Eggs</p> <p>•</p> <p>Cream of Green Bean Soup Stew Mashed Potatoes Buttered Asparagus Hard Rolls Lemon Pudding</p> <p>•</p> <p>Cream of Carrot Soup Ham Loaf Baked Sweet Potatoes Pineapple Salad White Layer Cake</p>	<p><b>6</b> Tomato Juice Poached Eggs</p> <p>•</p> <p>Cream of Spinach Soup Chicken With Gravy Mashed Potatoes Peas Banana Salad Ice Cream With Straw- berry Topping</p> <p>•</p> <p>Cream of Mushroom Soup Cold Cuts Potato Salad Sliced Tomatoes Fresh Peas</p>
<p><b>7</b> Grapefruit French Toast, Sirup</p> <p>•</p> <p>Split Pea Soup Tongue With Capers Sauce Hashed Brown Potatoes Corn Apple and Grape Salad Araby Spice Cake With Mocha Frosting</p> <p>•</p> <p>Cream of Asparagus Soup Scrambled Eggs Baked Potatoes Spinach Tossed Salad Dark Sweet Cherries</p>	<p><b>8</b> Blended Juice Poached Eggs</p> <p>•</p> <p>Cream of Carrot Soup Macaroni and Meat Loaf Buttered Cauliflower Stewed Tomatoes Fresh Fruit Salad Orange Rolls Chocolate Ice Cream</p> <p>•</p> <p>Vegetable Soup Creamed Chicken on Baking Powder Biscuits Green Beans Red Cabbage Salad Apricots</p>	<p><b>9</b> Orange Juice Bran Muffins, Jelly</p> <p>•</p> <p>Consommé Roast Beef With Gravy Mashed Potatoes Sautéed Parsnips Tossed Salad Pumpkin Custard</p> <p>•</p> <p>Cream of Mushroom Soup Link Sausages Baked Hubbard Squash Jellied Apple and Date Salad Chocolate Brownies</p>	<p><b>10</b> Tomato Juice Scrambled Eggs and Ham</p> <p>•</p> <p>Cream of Green Bean Soup Breaded Pork Chops Baked Potatoes Mixed Vegetables Stuffed Prune Salad Vanilla Ice Cream</p> <p>•</p> <p>Cream of Spinach Soup Ham Salad Potato Chips Corn Bread Spiced Peaches Tokay Grapes</p>	<p><b>11</b> Pineapple and Orange Juice Griddle Cakes, Sirup</p> <p>•</p> <p>Cream of Pea Soup Fish With Tartare Sauce Delmonico Potatoes Stewed Tomatoes Lettuce With French Dressing Lemon Pie</p> <p>•</p> <p>Potato Chowder Salmon Rolls With Cheese Sauce Beets Sliced Orange Salad Cherry Cobbler</p>	<p><b>12</b> Rhubarb Sauce Poached Eggs</p> <p>•</p> <p>Cream of Mushroom Soup Meat Loaf Escalloped Potatoes Peas and Carrots Grapefruit and Grape Salad Glorified Rice</p> <p>•</p> <p>Cream of Corn Soup Frankfurters Macaroni Salad Sliced Tomatoes Bananas</p>
<p><b>13</b> Apricot Nectar Coffee Cake</p> <p>•</p> <p>Brisk Chicken With Gravy Mashed Potatoes Creamed Corn Cranberry Salad Pecan Toffee Ice Cream</p> <p>•</p> <p>Cream of Potato Soup Cheese Fondue Broccoli Stuffed Celery Royal Anne Cherries</p>	<p><b>14</b> Oranges Soft Cooked Eggs</p> <p>•</p> <p>Vegetable Soup Sausages Au Gratin Potatoes Spinach Tossed Salad Baked Apple</p> <p>•</p> <p>Chicken-Rice Soup Creamed Chipped Beef on Rusks Frozen Lima Beans Fresh Fruit Salad Iced Cup Cakes</p>	<p><b>15</b> Grapefruit Juice Scrambled Eggs</p> <p>•</p> <p>Philadelphia Pepper Pot Soup Rice and Cheese Croquettes Green Beans Red Cabbage Salad Whole Wheat Rolls Vanilla Ice Cream</p> <p>•</p> <p>Cream of Celery Soup Chicken Huntington Asparagus Peach Salad Strawberry Shortcake</p>	<p><b>16</b> Apple Juice Poached Eggs</p> <p>•</p> <p>Cream of Pea Soup Ham Candied Sweet Potatoes Brussels Sprouts Pineapple Salad Gingerbread With Whipped Cream</p> <p>•</p> <p>Vegetable Soup Deviled Eggs Potato Chips Spiced Beets Perfection Salad Butterscotch Pudding</p>	<p><b>17</b> Prune Juice Cornmeal Muffins, Honey</p> <p>•</p> <p>Chicken Noodle Soup Steak Mashed Potatoes Carrots Relishes: Celery, Oliver, Pickles Cherry Ice Cream</p> <p>•</p> <p>Cream of Tomato Soup Cottage Cheese Baked Potatoes Green Beans Tossed Salad Blue Plums</p>	<p><b>18</b> Orange Juice Omelet</p> <p>•</p> <p>Scotch Broth Fish With Tartare Sauce Creamed Potatoes Peas Apricot Salad Prune Graham Cracker Cake</p> <p>•</p> <p>Cream of Spinach Soup Tuna Salad Potato Chips Sliced Tomatoes Lime Sherbet</p>
<p><b>19</b> Stewed Dried Peaches French Toast, Sirup</p> <p>•</p> <p>Tomato-Rice Soup Roast Beef With Gravy Browned Potatoes Rutabaga Lettuce Salad Bread Pudding</p> <p>•</p> <p>Oxtail Soup Escalloped Ham and Potatoes Spinach Grapefruit Salad Mocha Bavarian Cream</p>	<p><b>20</b> Pineapple Juice Poached Eggs</p> <p>•</p> <p>Beef Bouillon Chicken With Gravy Mashed Potatoes Escalloped Corn Fresh Pear and Grape Salad Hot Fudge Sundae</p> <p>•</p> <p>Chicken Noodle Soup Eggs With Cheese Sauce Baked Potatoes Buttered Beets Tossed Salad Grapes</p>	<p><b>21</b> Grapefruit Coffee Cake</p> <p>•</p> <p>Cranberry Juice Ham Baked Sweet Potatoes Wax Beans Waldorf Salad Lady Baltimore Cake</p> <p>•</p> <p>Vegetable Soup Spaghetti and Meat Balls Spinach Sliced Orange Salad Bananas</p>	<p><b>22</b> Blended Juice French Toast, Sirup</p> <p>•</p> <p>Tomato Bouillon Liver and Bacon Baked Potatoes Cabbage With Cheese Sauce Carrot and Raisin Salad Caramel Rolls Vanilla Ice Cream</p> <p>•</p> <p>Beef Noodle Soup Country Sausages Baked Acorn Squash Buttered Peas Tossed Salad Fresh Peas</p>	<p><b>23</b> Stewed Raisins Scrambled Eggs</p> <p>•</p> <p>Potato Soup Steak Mashed Potatoes Mixed Vegetables Lettuce Salad Schaum Torte With Berries</p> <p>•</p> <p>Oyster Stew Fruit Salad Cheese Sandwiches Seedless Grapes Chocolate Drop Cookies</p>	<p><b>24</b> Stewed Prunes Bacon, Rolls</p> <p>•</p> <p>Turkey With Dressing Mashed Potatoes Broccoli Relishes: Pickles, Celery, Olives Cranberry Sauce Fruit Salad Rolls Pumpkin Pie</p> <p>•</p> <p>Cream of Celery Soup Cold Turkey Potato Chips Perfection Salad Cinnamon Apples Orange Sherbet</p>
<p><b>25</b> Apricot Nectar Soft Cooked Eggs</p> <p>•</p> <p>Consommé Fish With Lemon Escalloped Potatoes Brussels Sprouts Sliced Tomato Salad Orange Soufflé</p> <p>•</p> <p>Vegetable Chowder Salmon Timbales Spinach Tossed Salad Fresh Peas</p>	<p><b>26</b> Grape Juice Poached Eggs</p> <p>•</p> <p>English Beef Broth Spareribs Boiled Potatoes Sauerkraut Fresh Fruit Salad Butterscotch Pudding</p> <p>•</p> <p>Vegetable Soup Chicken Terrapin Beets Stuffed Prune Salad Pineapple</p>	<p><b>27</b> Blended Juice Bacon, Rolls</p> <p>•</p> <p>Broth Ham With Raisin Sauce Baked Sweet Potatoes Frozen Peas Banana Salad Pineapple Sundae</p> <p>•</p> <p>Cream of Tomato Soup Cheese Sandwiches Relishes: Celery, Olives, Pickles, Date Nut Crème</p>	<p><b>28</b> Grapefruit Poached Eggs</p> <p>•</p> <p>Cream of Asparagus Soup Meat Loaf Baked Potatoes Corn and Green Pepper Rings Tossed Salad Graham Cracker Pudding</p> <p>•</p> <p>Chicken-Rice Soup Frankfurters on Buns Potato Salad Sliced Tomatoes Figs and Cookies</p>	<p><b>29</b> Rhubarb Scrambled Eggs</p> <p>•</p> <p>Cream of Mushroom Soup Egg Croquettes Frozen Lima Beans Harvard Beets Lettuce Salad With French Dressing Bran Muffins Chocolate Ice Cream</p> <p>•</p> <p>Cresole Soup Creamed Turkey on Biscuits Green Beans Raw Carrot Salad Dark Sweet Cherries</p>	<p><b>30</b> Pineapple Juice Coffee Cake</p> <p>•</p> <p>Cream of Spinach Soup Veal With Gravy and Sage Dressing Mashed Potatoes Mixed Vegetables Sliced Tomato Salad Lemon Chiffon Pie</p> <p>•</p> <p>Chicken-Rice Soup Cottage Cheese Baked Hubbard Squash Broccoli Waldorf Salad Caramel Nut Pudding</p>

Ready-to-eat or cooked cereals are offered on all breakfast menus.



## Cut dessert costs ...with delicious Farina Pudding

### *Its tempting flavor wins patients' favor!*

Scarcely 2 pennies per serving. That's all delicious Farina costs you!

Take advantage of this amazingly low-cost way to make your patients' appetites respond. They'll look forward to Farina pudding for *dessert* just as they already do to *hot Farina* for breakfast\*. It has that same creamy-smooth texture, flavor-heightened to a rich butterscotch taste... a welcome touch of home-goodness to tempt patients' lagging "end-of-summer" appetites. And for interesting variety, try adding chopped dates, pecan meats or cooked dried apricots... combinations that make Farina Pudding a dessert *all* your patients will enjoy *often*.

Important, too, Quaker Enriched Farina enables you to serve a dessert with high nutrient content. Added elements of Calcium, Iron, Riboflavin and Vitamins B<sub>6</sub> and D make Farina's nutritional value greater than that of the wheat from which it was made.

For *economy... flavor... nutrition...* serve new, easy-to-make Farina Pudding regularly!

Another Quantity Recipe  
prepared for dietitians  
by the Quaker Oats  
Institutional Kitchen.

If you are not on our  
recipe card mailing list,  
please write Mary Alden,  
Institutional Test Kitchen,  
The Quaker Oats Company,  
Chicago 4, Illinois.

### FOR TASTY BREAKFASTS

with "wake-up" appeal, serve  
hot Quaker Enriched Farina  
often.

THE QUAKER OATS COMPANY  
CHICAGO 4

FARINA PUDDING			
Portion: scant 1/2 cup (3 3/4 oz.)		Dessert 50 servings	
Total Weight of Pudding: 11 lb. 2 oz.			
INGREDIENTS	AMOUNT	WEIGHT	COST
Milk	5 quarts	14 oz.	
Quaker Farina	2 1/2 cups	1 lb.	
Brown Sugar	2 cups		
Salt	1 1/2 tablespoons		
1. Scald milk in double boiler. 2. Mix together farina, brown sugar and salt. Add to scalded milk, stirring constantly. Stir frequently until mixture thickens. 3. Cover and continue cooking 15 minutes or longer, stirring occasionally. 4. Pour into individual molds (or large baking pans). Chill; unmold and serve with fruit sauce or top milk.			
Date Pudding: Add 2 1/4 cups (1 lb.) chopped dates after pudding has thickened. Pecan Pudding: Add 1 1/4 cups chopped pecan meats after pudding has thickened. Apricot Pudding: Add 2 cups chopped cooked dried apricots (drained) after pudding has thickened.			
FARINA PUDDING		THE QUAKER OATS COMPANY INSTITUTIONAL KITCHEN	



## GETTING RID OF REFUSE

O. E. OLSON  
Chief Engineer  
State of Wisconsin General Hospital  
Madison

QUICK and complete disposal of the various types of refuse produced in hospitals is fundamental to maintaining sanitary conditions. Accumulation of refuse or storing it even for a limited time should be avoided, as hazards are omnipresent with refuse accumulation. Great danger exists in that pathogenic organisms infect the waste material, and the rubbish and trash piles are a decided fire hazard. Hospital refuse may be classified in three distinct groups:

1. *Garbage*—residue from preparation of food in the kitchen departments, trays, dining tables.

2. *Rubbish*—trash, consisting primarily of paper, cartons, boxes, flowers from the various departments, floors and sickrooms.

3. *Medical Waste*—bandages and organic matter from the operating and clinical rooms.

The total amount of garbage produced in hospitals can safely be assumed at 7½ pounds per bed. Government estimates are slightly higher, being from 8 to 8½ pounds per bed, of which approximately 4 pounds are from kitchen garbage.

It is almost impossible to collect and maintain a strict separation of the different classes of refuse. Thus, the danger of contamination is ever present. The only method that assures a satisfactory and sanitary disposal is incineration of all waste; also, it will prove the most economical.

Two distinct types of incinerators are used in hospitals. One type, the so-called chute or chimney-fed incinerator, is basically a furnace chamber upon which the chimney is superimposed. On the different floors, or levels, openings into the chimney allow the refuse to be dumped into this intake so that the refuse falls directly into the furnace chamber. From the standpoint of convenience and quick disposal of the waste, this method is very good. However, there are inherent faults with this class of incinerators that should not be overlooked.

The irregular and promiscuous charging of this type of incinerator and the uncontrollable piling up of refuse in the burning chamber impair the combustion process and tend to reduce the furnace temperatures. Various means have lately been devised to overcome these shortcomings. Primarily, it has been found possible to equip the burning chamber with a means of auxiliary heat, preferably an adequate gas burner. This is indispensable when garbage and medical waste are to be incinerated. The size of the chimney needed in these incinerators, since the chimney has to serve as a refuse chute, is greatly in excess of the dimensions conducive to proper draft. Thus, means must be provided to reduce excess chimney draft.

Dampers that reduce or close the effective chimney area clog the flue which serves also as a chute. Dampers that close only when fire doors are opened do not serve the desired purpose and are dangerous, as they tend to cause backfiring through the fire doors. Well designed air checks located in the base of the chimney should be installed, at least in buildings of three stories or over. A better method, especially for higher buildings, divides the chimney into a chute part and smoke flue.

The double flue type has a further advantage of restricting the depositing of refuse charged to a predetermined area. This feature in connection with a well designed modern step grate incinerator greatly enhances the efficiency and largely overcomes the smoke and fly ash trouble prevalent with the chimney-fed incinerators. With the general use of air conditioning, smoking out of the intakes was frequently noticed. This is due to the lower air pressure prevailing in the building owing to the air removal by the fan system. This phase should receive serious attention, and the utility rooms or closets should be provided with outside air intakes to avoid this trouble.

Larger hospitals having a considerable quantity of garbage are best equipped with a direct fired incinerator—usually called "destructor." This apparatus provides a decidedly better combustion process. The material is directly fired in the incinerator either from the floor above or through the firing door. The latter should preferably be of the inclined type permitting dumping of containers directly into the incinerator. Such an incinerator must be designed to assure rapid, complete and odorless combustion of all burnable matter. From our experiences with various types we have found that most satisfactory results have been obtained with the step grate type.

In various installations in the hospitals, as well as in departments of the medical school, we have found both operation and maintenance costs very satisfactory. With such installations, we recommend that a can washing arrangement be provided. Here, again, we have found a simple internal spraying arrangement and water faucets for external cleaning preferable to a closed can washing apparatus. The cumbersome operation of the latter entails considerable time and lacks the control of the open method.

Hospitals, especially those with experimental laboratories and units for communicable diseases, should have small self-contained gas fired or oil fired units for medical waste. These units to be adequate should operate at high temperatures and, therefore, must be refractory lined. For liquid or semi-liquid refuse these incinerators should be equipped with so-called trough grates permitting retention of liquids and, at the same time, should admit air into the refuse on the trough grates. May we call attention to an economical advantage that is frequently overlooked. It is the salvaging of valuables. Not only kitchen and table ware in considerable amounts, which find their way into the refuse can, but also surgical instruments, bed sheets, and so forth will be recovered from the waste when an independent incinerator is used.

The value of such salvaged material more than compensates for the cost of operation and maintenance of the installation and is a deciding factor in determining whether the more convenient chimney-fed type or the more sanitary and economical central incinerator should be selected.

*For Your Next Job Specify...*  
**WELDWOOD FIRE DOORS**  
 the *ONLY* wood-faced fire doors  
 that bear this label!

**ONLY WELDWOOD FIRE  
 DOORS GIVE YOU  
 THESE 8 UNIQUE ADVANTAGES**

**1. Increased Safety**

The *only* wood-faced fire door which bears the Underwriters' Label. All Weldwood Fire Doors are approved for class B openings.

**2. Beauty**

Because of their beautiful wood faces, Weldwood Fire Doors harmonize perfectly with any decorative scheme.

**3. Durability**

The Underwriters' Laboratories tested a Weldwood Fire Door for durability by mechanically opening and closing it 200,000 times. At the end of the test, the door was unaffected and still opened and closed perfectly.

**4. Dimensional Stability \***

Weldwood Fire Doors are so dimensionally stable that we guarantee them against sticking in summer or rattling in winter due to any dimensional changes in the door.

**5. Light Weight**

At last... a real fire door that is *not* heavy or unwieldy. A standard 3 x 7 door weighs approximately 80 lbs.

**6. Vermin and Decay Proof**

The mineral composition core used in Weldwood Fire Doors is permanently resistant to fungus, decay, and termites.

**7. High Insulating Qualities**

Another noteworthy characteristic of the core is its high insulating value over a wide range of temperatures. It is efficient against temperatures from freezing up to that of superheated steam.

**8. Moderate Cost**

Investigate these doors for use on your next job. You will be pleasantly surprised at the low initial cost, and the minimum of maintenance required.

Underwriters' Laboratories Inc.  
 INSPECTED  
 FIRE DOOR FOR OPENING  
 IN VERTICAL SHAFT  
 NO.

**WELDWOOD COMPOSITE  
 FIRE DOOR**  
 U.S. PLYWOOD CORP.  
 ALGOMA, WIS.

**N**OW... plan on permanent fire protection *plus* the rich beauty of real wood! Here at last is an absolutely fire-safe door that is also a decorator's delight.

Thanks to the handsome hardwood facing that distinguishes this unique Weldwood door, you can plan on bringing extra beauty to every room. Yes, these beautiful new Weldwood Doors help you to carry your decorative theme throughout the building... while giving you lasting fireproof construction!

Write today for complete information. You'll also want full details about the *Weldwood Standard Flush Veneer Door* with incombustible mineral core for use where a labeled door is not required.



**EDGE BANDING**

Of fireproofed Birch hardwood matches the faces.

**MINERAL CORE**

Strong, light, fireproof material. Great dimensional stability.

**CROSS BANDING**

Of 1-16" veneer is bonded to core with waterproof Tego-Film glue.

**FACE VENEER**

Is birch. Other decorative woods available on special order.

**SIZES AND THICKNESSES:**

Made in wider range of sizes; 1 3/4" thick.

**MAIL  
 COUPON  
 FOR  
 DETAILS**



United States Plywood Corporation (Dept. 487)  
 55 West 44th Street, New York 18, N. Y.

Please send literature giving complete details of new Weldwood Fire Doors and matching Weldwood Standard Flush Veneer Doors.

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

**UNITED STATES PLYWOOD CORPORATION**

55 West 44th Street, New York 18, N. Y.

Distributing units in Albany, Baltimore, Boston, Brooklyn, Buffalo, Chicago, Cincinnati, Cleveland, Detroit, Fresno, Glendale, East Hartford, High Point, Indianapolis, Los Angeles, Milwaukee, Newark, New Hyde Park, N. Y., New York, Oakland, Philadelphia, Pittsburgh, Portland, Ore., Richmond, Rochester, San Francisco, Seattle, St. Paul, Toronto. Also

U.S.-Mengel Plywoods, Inc., distributing units in Atlanta, Birmingham, Dallas, Houston, Jacksonville, Kansas City, Louisville, New Orleans, San Antonio, St. Louis, Tampa.  
*In Canada:* United States Plywood of Canada, Limited, Toronto. Send inquiries to nearest point.

**Boston University Presents—**

## A BUDGET MEANS INTELLIGENT PLANNING

**CHARLES E. BERRY**

Assistant Director, Mount Auburn Hospital, Cambridge, Mass.

THE procedures that were discussed in the first section of this article in the September issue are essential in all modern accounting systems. Before we pass on to departmental budgets per se, we must look for a moment at the completed budget as it is coordinated by the budget director. As previously mentioned, the budget director is usually the hospital director. With the help of the accounting department, his first step is to review what has taken place during the previous six or eight months. He will seek answers to the following questions: "Have the accommodations been fully occupied? Has the demand for beds increased or decreased? Is the length of stay remaining constant or has the turnover been more rapid?" The careful manager will then review the records for the previous year or two to determine if the short-time changes represent a trend, something that may develop farther as the months pass by. He next must try to interpret business conditions as they exist, and as they are expected to develop. He accumulates data as to prices, supply of materials and labor, and with all available information he sets up a prospective occupancy figure. From this information the amount of anticipated income is determined. As a result he knows how much money he will have to spend during the period under consideration. His next step is to determine how much it will cost to operate the institution. To aid in reaching a final figure he requests each department to submit a written report of what it will need. If the amount of income exceeds the requests of the various departments, his work is simplified. But if the amount needed to operate exceeds the anticipated income, additional cash must be obtained. Rates may be increased, ancillary charges may be adjusted or the entire schedule may

be revised. The executive housekeepers can be eternally grateful that this problem is not one they must solve in its entirety, but they have, as we shall see, a definite responsibility and they play an important part in the operation of the unit.

### PURPOSE OF A BUDGET

Perhaps at this stage of our talk, the advantages and disadvantages of a departmental budget are obvious. At least one purpose is clear: to enable the department head intelligently to chart the course of her future endeavors. The advantages reveal themselves upon discussion. One of the greatest advantages to all is that the preparation of the estimates requires and stimulates constructive thinking. The department head sits down to plan her preliminary draft; let us assume it is the listing of the positions or jobs that fall under her jurisdiction. As she lists them, she is forced to review the work each job involves, the responsibility and skill and other requisites required. If she is alert she will ask herself questions. Is the job necessary, can changes be made to require a lower paid individual, can the work be made easier, would additional equipment save labor, and so on? I am not inferring that this is not continually done; I know it is, but you will find that in working with parts which must fit into the whole, the picture will automatically clarify itself. Of equal importance is the thought that must

be given to the future. Too often we jog along from day to day in a neutral, human but corrosive air of complacency, the greatest enemy of efficiency. Since we are putting in writing what we expect the future will bring, we should therefore be prepared for all eventualities.

The third advantage of having a plan of action is that of control. This may be illustrated as follows. If in compiling your salary budget, you have planned to use three housemen in your main building, and know from past experience that three men can do the job well, any deviation from that figure or an increase in pay roll cost will immediately force you to investigate. You may discover that the last two men you employed are not doing the work required and that overtime and additional help have been needed.


The same principle applies to the use of supplies. If you have planned to put into use 20 dozen new sheets each month, and suddenly find that 25 dozen are required, your monthly budget comparison figures will forcibly call the fact to your attention as your costs will go up, and if you miss the significance of the figures the director will undoubtedly call them to your attention. In the same manner monthly fluctuations can easily be noticed. Once the variation is noted, the explanation must be forthcoming, and you soon discover that all such leaks and waste will be reduced to a minimum.

If you can approach your maids or housemen with the statement that 20 dozen sheets were used in January with 31 days, and 30 dozen were used in February with 28 days, some explanation must be offered and if it is not satisfactory perhaps it is time to take necessary action. The mere fact that you are checking and have statistics to back you up will keep all employees on

---

The second section of Mr. Berry's lecture deals with the purpose of a budget and a method of setting up the salary estimate.

---




## Porcelain on steel for wear and beauty

Armstrong's Veos Wall Tile will stand a lifetime of hard wear. It will last as long as the wall itself because it's made of porcelain on steel.

Genuine porcelain is fused to a base of 20-gauge steel in Armstrong's Veos Wall Tile. There is no cracking or crazing in its gleaming surface. That's because porcelain expands and contracts at the same rate as steel. This Armstrong Tile is made like a fine sink or bathtub. Its glasslike surface is just as easy to clean.

Installation of Armstrong's Veos Wall Tile can be done quickly in old buildings as well as new. Because of its light weight, you don't need to reinforce the walls. Tiles are cemented to a grooved foundation board that aligns them perfectly.

Armstrong's Veos Wall Tile is made in ten rich colors—permanent colors fused within the porcelain so they can never fade.

Write for free descriptive booklet: Armstrong Cork Company, 5710 Frederick St., Lancaster, Pennsylvania. 

**ARMSTRONG'S VEOS WALL TILE**

their toes and serve to emphasize the fact that goods and supplies are not to be wasted and that someone cares whether or not they are wasted.

It should be remembered, however, that not all variations are the result of poor control. As a matter of fact there could be several reasons for any discrepancy, all legitimate and due either to an unusual series of events that were completely overlooked or to overconservatism in estimating the number of sheets needed. Figures tell an important story, but oftener than not they do not tell the whole story. If the sheets are wearing out too rapidly or vanishing into thin air, it is time to correct the conditions by discussing the quality with the purchasing agent and the laundering with your laundry manager. If they continue to vanish, sterner measures of control may be required by your superiors. By having something to use as a yardstick, present performance may be fairly appraised and the goal for greater efficiency is constantly before you.

#### SHOULD PROMOTE INITIATIVE

From a department head's point of view the budget can be a distinct disadvantage if it's not properly administered. It does limit somewhat the all-out authority and freedom of action that are often enjoyed at that level. However, it certainly should not destroy but rather should promote initiative. An improperly prepared budget may prove quite embarrassing at times when some situation arises that obviously should have been anticipated but that was ignored or overlooked. These factors are purely personal and do not reflect upon the use and value of the budget itself; rather they reflect upon the executive ability of the person preparing it. Careful preparation will prevent ordinary slip-ups, but within the budget period there are always one or two events which could not be foreseen even by the experts on future events.

Suppose you are informed that you must present a budget for your department within 30 days. What will be your initial step? Usually the accounting department will have prepared standard forms that will ensure uniformity in the submission of the various departmental figures. They should be very simple, and if they are not prepared by the accounting department, it is a relatively simple matter for the housekeeper to make her own forms.

One form will be needed for salaries and another for supplies and equipment. Somehow, I always like to prepare my salary estimate first, perhaps because it is the largest single expense item, perhaps because it requires less guesswork. The first step is to assemble all the facts you are going to use. If you do not know what the wage scale is, you must determine it from your personnel or accounting department. You must know the policies of management regarding any increases, changes in vacation allotments, and whether the policy is expected to be revised during the coming budget year. It is also a good idea to ask the budget manager if there is any possibility of legislative action that might affect your department, such as changes in fire or building regulations that might necessitate additional labor. Inquire also as to future supply and quality of labor which may have a direct bearing on the number of employees necessary, the percentage of turnover, and the cost of labor. You will concern yourself with any proposed plans for expansion, for the closing down or abandonment of some departments, and with any expected rise or fall in occupancy. Such information will aid you in determining whether you will increase or decrease the number of employees during the year.

If you have 30 employees or less I believe it is a good idea to list them by name as well as by job title. If the number is too large, job titles may be sufficient, with the number of employees and the salary variations that exist within the one job classification. If we list the employees' names and their job classifications, the next step is to include salary information. This can be done in several ways depending upon your policies. Some hotels and hospitals provide for automatic increases every six months or after a term of years until a maximum is reached for the particular job. Others provide for a review of salary scales on a periodic basis with no maximum being established. But whatever the policy, present cash salaries must be indicated after the column entitled "job title," and this figure must be followed by the increase that will be given during the year. The most practical way is to use a weekly or monthly breakdown with the following column allotted to the total yearly salary.

Some hospitals and hotels still cling to the practice of providing meals and lodging as part of the compensation.

If this is the case, the standard value should be entered in a following column to give the true value received by the employee. There is one other factor that must be considered; that is vacation time and relief. The cost of vacation relief should be entered at the anticipated cost, not necessarily at the rate being received by the employee who will be replaced. The reason for this is that in the skilled classifications, a short-time replacement often demands more money than would ordinarily be paid the same person if he were permanently employed.

Thus far we have a sheet of paper divided into nine columns: column 1—name; 2—job title; 3—present salary (hourly, weekly, biweekly or monthly); 4—present salary per year; 5—cost or saving by salary adjustment; 6—cost of vacation replacement; 7—total cash salary; 8—value of maintenance broken down into meals and lodging, and 9—the total value, including maintenance. If no maintenance or lodging is provided, these columns may be left out or left blank. In this outline of our plan of action we have omitted or disregarded one item that may prove very costly, and that is the allowance for sick leave. It has been my observation that time granted for sickness is not abused when a certificate or satisfactory proof of illness is required. Since this figure is a variable one, my suggestion is that you ask the pay roll clerk what percentage of lost time has prevailed over the previous years and to add to the total of your final estimate a provision for this item.

#### MAY WELCOME OVERTIME

The question of overtime may arise and as economic conditions become less stable employees may welcome any excuse to extend their job beyond the prescribed working time allotted to it. If your experience leads you to believe that such overtime will occur, the cost should be included in the schedule. This can easily be done by adding another column after the column listing the cost of vacation relief and including in it your final total cost. It is wise to leave a blank space at the end of each line where you can jot down a brief explanation of any figure that might not be self-explanatory. For example, if you have a salary increase scheduled for the last six months, it will be helpful to jot down, "completes two years of service June 30" or any other remarks that will explain your figures.



...it's not just the count that counts!



"I want a 21 jewel watch" - Even if you do, you're more specific. You order a particular brand of 21 jewel watch—because you know there is a difference... So it is with 140 thread count sheets. There's a difference!

## specify **UTICA**

- Made from carefully selected cotton.
- More firmly woven with no excess starch or filler.
- Every phase of manufacturing guided by over a century of textile experience and craftsmanship.

Note to Housekeepers! Our free booklet, "Beauty Secrets From Your Linen Closet", is full of information for you. Write Dept. MH-14.

WOVEN EXTRA-STRONG . . . TO WEAR EXTRA LONG



**UTICA and MOHAWK COTTON MILLS, INC.**

UTICA 1, NEW YORK

Selling Agents **Taylor, Pinkham & Co., Inc.**—55 Worth Street, New York 13, N. Y. • 300 W. Adams Street, Chicago 53, Illinois • 605 Market Street, San Francisco 5, Calif. • 814 Fidelity Building, Dallas 2, Texas



# NEWS DIGEST

**Minneapolis Hospitals Study Centralization Plan . . . Illinois Research Hospital  
Installs Betatron . . . 22 Per Cent of Population Enrolled in Blue Cross . . .  
Menninger Opens School for Psychiatric Attendants . . . 5094 M.D.s Graduated in 1949**

## Minneapolis Hospitals Study Value of Centralizing Various Services

MINNEAPOLIS.—Voluntary hospitals here are joining in a major study to determine whether the merging of certain of their activities can reduce costs and improve service, it was announced last month by the Minneapolis Hospital Council. Charles B. Rogers, council president, said the study will investigate the advisability of establishing a central laundry, a central purchasing department, and other centralized services to be used by all hospitals. Substantial savings and improved service are among the objectives sought, it was explained.

The U.S. Public Health Service and the Minnesota Department of Health have agreed to contribute active participation and support, Mr. Rogers stated. The study will be conducted by James A. Hamilton and Associates, hospital consultants.

In addition to examining the possibilities of closer integration of present hospital activities both in the care of patients and in the education of nurses and other medical personnel, Mr. Hamilton said the study will develop a master chart which the hospitals individually and as a group can use to plan future physical plant development and expansion according to scientific estimates of the community's needs. This is expected to reduce future overlapping of functions and duplication of facilities.

The project will begin immediately, and it is hoped that its major phases will be completed by the end of the year, Mr. Rogers said.

"It occurred to us that more efficient methods might be adapted to certain hospital activities, particularly to those activities which the patient seldom sees," Mr. Rogers said, explaining why the project is being undertaken. "If this thought proves to be justified, it may

well result in improvements that will save literally millions of dollars for the American people in years to come. So far as direct services to patients are concerned, however, the hospitals should never seek to duplicate assembly line methods of treatment in an effort to reduce unit costs. The human services

## Start Use of Betatron in Cancer Treatment at Illinois Research

CHICAGO.—The 25,000,000 volt betatron recently installed at the University of Illinois Research and Educational Hospitals here was put in use last month in the treatment of cancer patients, according to a university announcement. Only a limited number of patients will be treated at first, it was explained, while other research studies are continued.

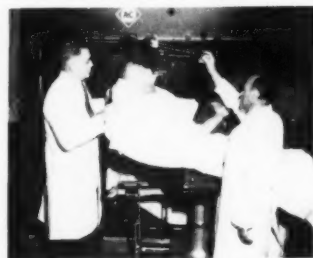
A team of radiologists, physicists and technicians has pioneered in the medical use of the betatron during the last six months, the university said. The instrument was invented by Prof. Donald F. Kerst of the university's physics department at Urbana, Ill.

Application of betatron x-rays for treatment of cancer will be supervised by Dr. Roger A. Harvey and members of the staff of the department of radiology at the university's college of medicine. The betatron is hoped to be of definite advantage in treating deep cancers and those which are inoperable due to location.

Tests have shown that 25 million volt x-rays not only have great concentrations of energy, but also will have the medical advantage of concentrating more effect inside the subject rather than on the surface, a medical school

that they render are in many cases as important as the scientific.

"The study that we are undertaking thus ranks somewhat on the same plane as a program to send an exploring party into unknown territory. No one can foretell the full scope of the impending discoveries, but there is every reason to expect that the results will be highly significant."



Betatron installed at Illinois Research.

official stated. The studies have been supported by research grants from the U.S. Public Health Service and the American Cancer Society, and will continue indefinitely, it was explained.

## Blue Cross Publishes "Health Service News"

DURHAM, N.C.—The first issue of *Health Service News*, a publication devoted to news of health and hospital happenings in the state, was issued last month by the Blue Cross Hospital Care Association here. The new monthly publication will be mailed free of charge to medical, hospital, and health leaders throughout North Carolina, it was reported. H. C. Cranford and Mrs. Earl Porter, both of Durham, will serve as editor and associate editor, respectively, of the new paper.

# **SCHLAGE** ...first name in cylindrical locks

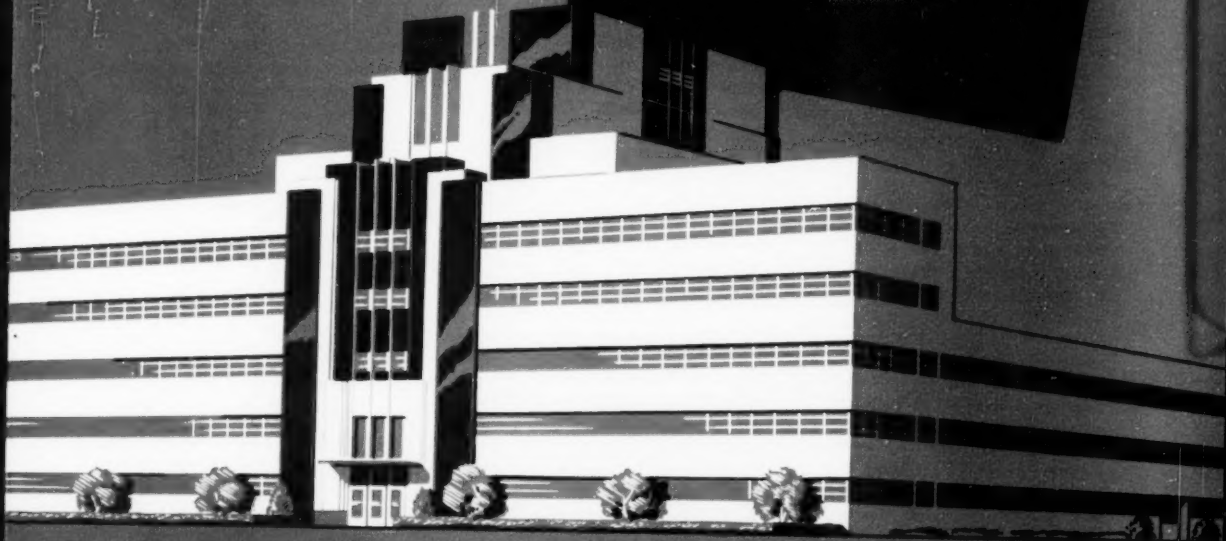
The Schlage Lock illustrated is

**Novo Design**

Philadelphia's ... Smith, Kline  
and French Pharmaceutical  
Laboratories,

a Schlage installation of heavy duty  
cylindrical locks.

Architects: The Ballinger Company



## **SCHLAGE**

**SCHLAGE LOCK COMPANY**  
SAN FRANCISCO • NEW YORK

## NEWS...

### 5094 Physicians Graduated in 1949; Freshmen Enrolled to Set Record

CHICAGO.—A total of 5094 physicians was graduated from medical schools in the United States in the academic year ended June 30, 1949, in contrast with 5543 in the preceding year, according to the annual report on medical education of the Council on Medical Education and Hospitals of the American Medical Association. The report was published in the September 3 issue of the *A.M.A. Journal*. This was the smallest graduating class in ten years, it was reported.

The annual report covers 71 medical schools in the United States approved by the council and nine in Canada, also eight approved schools of the basic sciences in both countries. Women graduates numbered 612, far surpassing the previous record of 392 set the year before. Women comprised 12.1 per cent of the graduating class, as against 7.1 per cent the year before. Physicians graduated from Canadian medical schools totaled 679 in the last year, as against 632 in the preceding year.

"The enrollments in the senior class for 1949-50 indicate there will be approximately 5600 graduates in 1949-50, which will be a larger graduating class than any except those graduated in 1946 and 1947 at the culmination of the wartime accelerated program when several schools graduated two classes in one year," the report stated.

The report added that indications point to a freshman enrollment of about 6900 students in the new academic year, setting a record. Commenting editorially, the *Journal* said: "Part of the increase results from an increase in the number of approved schools. Moreover, the facilities of several existing schools have been expanded and the schools are accepting as many students as they can accommodate without a serious lowering of standards. On the basis of the new schools that are already being organized and the expansion of existing schools that is now under way, the freshman class in the medical schools of the United States will shortly exceed 7000 students. The average size of the freshman class in the 10 years preceding the war was 6016. Thus a significant increase is occurring in the facilities for medical education in this country.

"This increase is gradual and is developing without the lowering of stand-

ards that would inevitably have resulted if the medical schools had abruptly enrolled a large number of additional students. Such an event might have hastened by three to five years an increase in the number of graduates, but lowering of the standards of medical education and the quality of medical care would have been certain."

The *Journal* also deplored the tendency among medical schools, especially those supported by states and municipalities, to limit their enrollments to students within their respective states. The report points out that four additional schools placed a limitation on the residencies of students in the academic year ended June 30, 1949, bringing the total to 13. Three years ago, every medical school in the United States accepted some out-of-state students.

"While tax-supported institutions might well be expected to render service

chiefly to the community that supports them, the exclusion of all nonresident students may not be a real service to the community," the editorial stated. "The practice definitely narrows the potential area from which a school may seek support. Students who attend such schools do not experience the stimulation and broadening influence of association with students who have different geographic and educational backgrounds.

"A most serious consequence of this policy is denial of admission to superior out-of-state applicants in favor of less well qualified residents. As a result the quality of the medical profession is lowered particularly in the states that follow such a shortsighted policy. The logical extension of this policy is exclusion from schools in other states of students from states in which medical schools exclude nonresidents. Again the ultimate effect is reduction of the quality of the medical profession in the states concerned."

### V.A. to Build 1000 Bed Psychiatric Hospital

PITTSBURGH.—A 1000 bed neuropsychiatric hospital will be built here for the Veterans Administration at an estimated cost of \$20,000,000, it was announced last month. The project includes 14 buildings and will occupy 250 acres, the report said. The institution is expected to take two years to build; it was designed by the Pittsburgh firm of Prack and Prack in association with Alfred Hopkins and Associates of New York and Bowers and Barbalat of Pittsburgh. Guy B. Panero of New York did the mechanical design.

Part of the project will consist of a 240 bed general hospital which will provide regular medical service for veterans in the Pittsburgh area, as well as for psychiatric patients, the V.A. explained. The entire project will consist of the



V.A. Neuropsychiatric Hospital in Pittsburgh.

following buildings: general medical and surgical, admission and treatment, continued treatment and occupational therapy, recreation and library, gymnasium and swimming pool, disturbed patients, infirm patients, chapel and utility. A continued treatment and warehouse building has been planned for the future.

### Blood Bank Worker Contracts Serum Hepatitis

CHICAGO.—Serum hepatitis contracted by a blood bank worker was reported by Drs. Sidney Leibowitz, Louis Greenwald, Ira Cohen, and Joseph Litwins of New York, in a recent article in the *Journal of the American Medical Association*. "The history of multiple needle pricks on hand and fingers sustained by this employee in the course of her duties at the blood bank persuades us to conclude that this was the mode of her infection," the authors stated.

"The hazard which this case illustrates has wide applicability," it was pointed out. "It points to the obvious necessity for caution on the part of a physician or technician who engages in any type of needling of human beings to protect himself against accidental pricking, even when sterile instruments are employed."



**OSTEOGENIC SARCOMA:** Gross specimen of a tibia sectioned in the long axis, photographed against a transilluminated blue glass background, as illustrated in the diagram at the right.

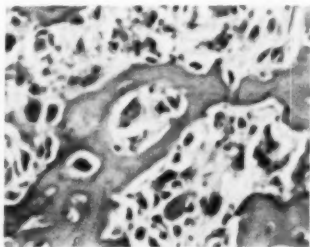
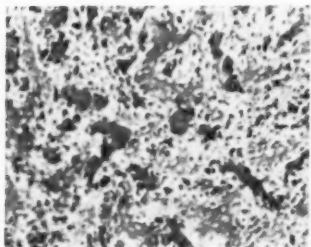


*Method of using a specially designed illuminator and a transilluminated blue glass background in the photography of gross specimens. Surface lighting is provided by two Kodak Iari-Beam Stand-lights as shown.*

## Picture the patient's progress ...with photograph...after photograph

**I**MPORTANT for the physician to document *all* of his significant cases with photographs . . . to make a practice of photography. Then—he can review his work quickly, easily; then—he is always in a position to illustrate reports, lectures, articles. Excellent examples are the case represented by the Kodachrome transparency, above,

and the Kodachrome transparencies of photomicrographs, below. From the physician's point of view, each is a convincing record in the medical history of the patient. Photographically, each is a reward for the use of photography—brilliant material, always ready when needed to revivify the case . . . days, months, or years later.



**OSTEOGENIC SARCOMA:** Microscopic appearance is revealed in the two photomicrographs, at left, made at different magnifications.

Serving medical progress through Photography and Radiography

**Kodak**



## Picture the patient's progress (continued)

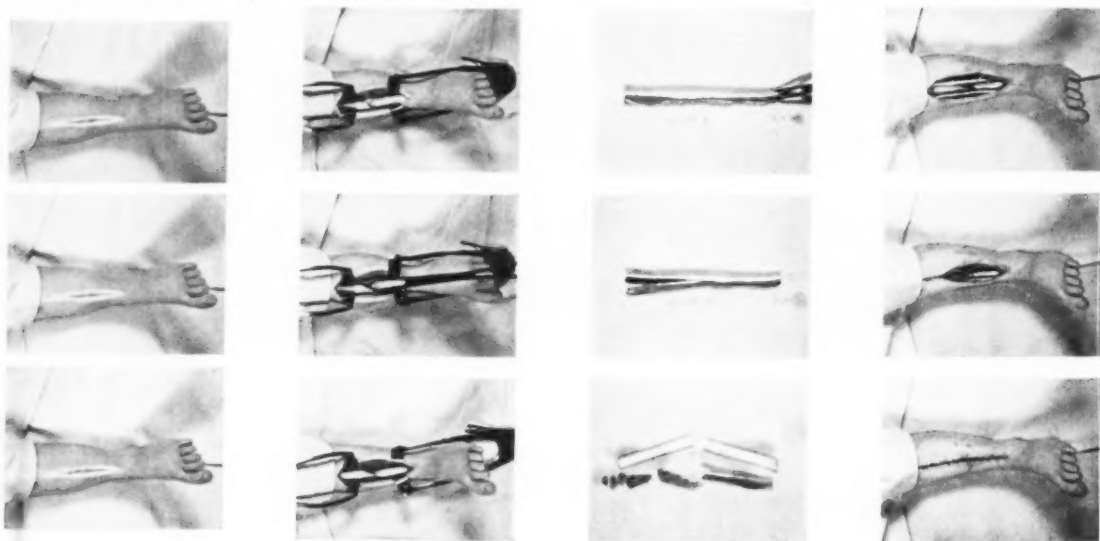


Fig. 1

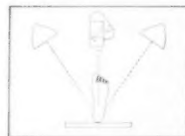
Fig. 2

Fig. 3

Fig. 4

**SURGICAL MOTION PICTURE:** Animation method, using an amputated extremity, demonstrating dual bone grafting for congenital pseudarthrosis. Figure 1—Animation of incision; note gradual appearance of muscle layer. Figure 2—Scenes from running exposures: preliminary view of defect (top); visualization of partially prepared tibia (center); demonstration of pseudarthrosis after excision (bottom). Figure 3—Preparation of grafts. Figure 4—Shots from closure sequence.

Even illumination prevents shadows from obscuring detail within the surgical cavity and permits an aperture of  $f/5.6$  for both single-frame and running exposures of 3 frames per second.



## Most cameras become "color cameras"

... when they're loaded with Kodak color film

Yes, getting brilliant color is a simple matter with full-color Kodak Film—Kodachrome or Ektachrome. No special equipment ... no special technic is required for exposure.

With Kodachrome Film, Kodak does the processing without extra charge. Duplicates (same-size, enlarged, or reduced) and Kodachrome Prints are ordered through any dealer. With Kodak Ektachrome Film, processing may be handled in any well-equipped processing room—a tremendous advantage when same-hour results are required. Here, too, Kodachrome Duplicates and Prints are available through dealers. For further information, see your dealer ... or write to Eastman Kodak Company, Medical Division, Rochester 4, N. Y.



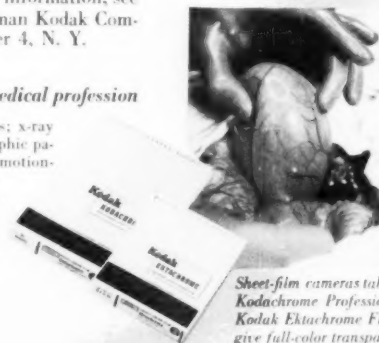
Miniature cameras, most of them, use Kodachrome Film ... give slides for projection, prints, enlargements.



16-millimeter motion-picture cameras use Kodachrome Film in rolls or magazines ... give duplicates for brilliant showings.

### Major Kodak products for the medical profession

X-ray films; x-ray intensifying screens; x-ray processing chemicals; electrocardiographic papers and film; cameras—still- and motion-picture; projectors—still- and motion-picture; enlargers and printers; photographic films—color and black-and-white (including infrared); photographic papers; photographic processing chemicals; synthetic organic chemicals; Recordak products.



Sheet-film cameras take Kodachrome Professional and Kodak Ektachrome Films ... give full-color transparencies, prints, enlargements.

**Kodak**  
TRADE-MARK

Serving medical progress through Photography and Radiography

# THE AMERICAN CITY BUREAU

(ESTABLISHED 1913)

has had successful hospital  
fund-raising experience in  
your State or your area

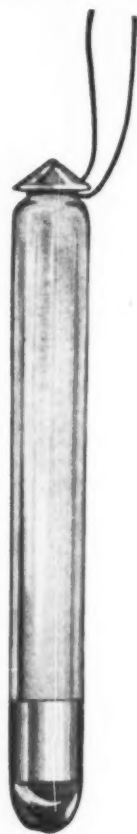
Your problems may lend themselves  
to solution through Bureau practices,  
policies and experiences covering  
36 years and 2700 campaigns in all  
fields of civic endeavor. Consul-  
tation is invited to determine if  
Bureau Service to your program is  
a justifiable investment.

## AMERICAN CITY BUREAU

NEW YORK • CHICAGO • PORTLAND, ORE.

Charter Member American Association of Fund-Raising Counsel

## 'LITTLE DIACKS'



This little device has saved thousands of lives. It checks sterilization—thus prevents infection in hospitals throughout the world.

For 38 years DIACK CONTROLS have accurately performed this service.

**Diack Controls**  
1847 NORTH MAIN STREET ROYAL OAK MICHIGAN

## NEWS...

### 22 Per Cent of Population Enrolled in Blue Cross; Number Totals 34,554,012

CHICAGO.—Twenty-two per cent of the population of the United States was enrolled in Blue Cross plans as of June 30, the Blue Cross Commission reported last month. Blue Cross membership totaled 34,554,012, the report said.

Leading all plans in membership increase for the second quarter of the year was Associated Hospital Service of New York with a net growth of 152,440 members, followed by Michigan Hospital Service with a growth of 69,311 members, and Hospital Service Plan of New Jersey with 47,889. Other plans reporting sizable gains were Chicago and Los Angeles with 46,411 and 45,207 new members, respectively.

States in which more than 40 per cent of the population is now enrolled included Connecticut with 44 per cent, District of Columbia with 47 per cent, Delaware with 56 per cent, and Rhode Island with 71 per cent, it was reported. Total Blue Cross enrollment by states was reported as follows:

Alabama	251,221*
Arizona	107,208
Arkansas	11,943
California	1,057,027
Colorado	428,802
Connecticut	882,626
Delaware	165,005
District of Columbia	409,541
Florida	198,665
Georgia	121,018
Idaho	86,063
Illinois	1,990,922
Indiana	410,255
Iowa & South Dakota	580,021
Kansas	349,021
Kentucky	266,245
Louisiana	214,197
Maine	237,190*
Maryland	642,383
Massachusetts	1,776,087*
Michigan	1,616,780
Minnesota	935,026
Mississippi	35,563
Missouri	1,180,017
Montana	109,411
Nebraska	129,637
N.H. & Vermont	232,236
New Jersey	1,389,848
New Mexico	16,436
New York	5,661,581
North Carolina	573,501
North Dakota	63,592*
Ohio	2,878,568
Oklahoma	296,997
Oregon	69,889
Pennsylvania	3,682,344
Rhode Island	527,122
South Carolina	77,286
Tennessee	379,749
Texas	469,232
Utah	91,699
Virginia	425,233
Washington	107,583
West Virginia	216,471
Wisconsin	713,641*
Wyoming	48,036

\*Estimate.

### Great Britain May Impose Separate Tax for Health Services

NEW YORK. — In view of continued expenditures exceeding annual estimates of cost, it may be necessary for Great Britain's socialist government to impose a separate health service tax to help defray the cost of government medicine, the London correspondent of the New York Times reported last month. Despite the government's efforts to cut expenditures, it was reported, costs of the health service have continued to be heavy.

Economies have been effected in the operation of the plan, the Times correspondent said, chiefly in payments for dental and optician's services. The effort of the health ministry to reduce hospital expenses failed when hospital management groups protested that any cuts would "impair essential hospital services to patients." Subsequently, the ministry requested hospitals to make new estimates of expenditures "without reducing services to patients"—an order which is interpreted as virtually eliminating the earlier requested budget cuts.

The total of economies possible in administrative changes is not expected to involve any major amount, it was reported; many observers believe that a request for additional funds will be necessary before the end of the current year. In addition, Sir Stafford Cripps, chancellor of the exchequer, has also indicated that the expenses of the government's social welfare program would increase constantly over the next five or 10 years. Since the taxation rate is already estimated to be at or near its limit, Sir Stafford has said there is a "good argument for imposing some special charge or tax in connection with health services."

Some conservative members of parliament opposing the government believe it will be necessary to pay part of the cost of health services by imposing charges on patients, it was reported.

### Washington Office Moved

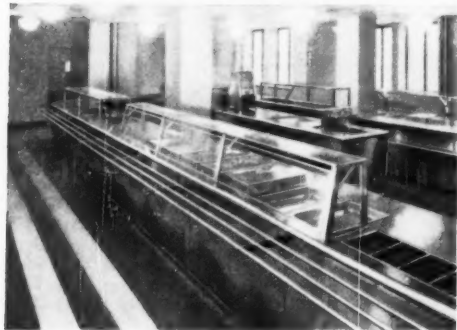
WASHINGTON, D.C. — Offices of the American Hospital Association's Washington service bureau were moved last month to 1756 K Street, Northwest, Washington 6, it has been announced. The bureau formerly operated at 1834 K Street, Northwest.

12 years OF CONSTANT AND SEVERE SERVICE...

YET MASS. GENERAL HOSPITAL KITCHENS LOOK LIKE NEW



Massachusetts General Hospital, Boston, Mass.



Front View of Cafeteria



Dish Tables, Main Kitchen



**SEND FOR ILLUSTRATED FOLDER**  
Describing Blickman-Built Food Service Equipment — available in single units or complete installations.

Visit our Booths No. 449-450 at the National Hotel Exposition, Grand Central Palace, New York City, November 7-11.

S. Blickman, Inc., 1510 Gregory Ave., Weehawken, N. J.

### Massachusetts General Hospital Finds Blickman-Built Equipment A Wise and Sound Investment

● The mass feeding installation in the George Robert White Building is used as a practical training school for hospital dietitians. When kitchen, cafeteria and dining rooms were installed 12 years ago, only the finest food service equipment was considered.

Accordingly, Blickman-Built stainless steel equipment of the most advanced design was chosen. The result shows it to have been a most happy choice. For not only has it rendered perfect service . . . but, as an investment it has justified all claims. Twelve years have left every unit in a condition as good as new. The cost of maintenance and repair has been practically nil. The saving in cleaning time alone has been considerable. Judging by the condition and appearance of the equipment today, it is good for a great many more years of satisfactory service.

That this is possible is proven by numerous other Blickman installations — where twenty to twenty-five years of hard usage find the equipment still in the best of condition. Measured in cost per year of efficient service — Blickman-Built equipment is always the best buy.



General View of Main Kitchen



**Blickman-Built**  
FOOD SERVICE EQUIPMENT



COFFEE URNS



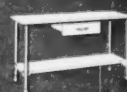
STEAM TABLES



FOOD CONVEYORS



SINKS



WORK TABLES

## NEWS...

### Menninger Foundation Opens School for Psychiatric Attendants

TOPEKA, KAN.—In cooperation with the National Mental Health Foundation the Menninger Foundation opened a special school for the training of attendants in mental hospitals here last month. The program is financed with funds provided by the Rockefeller Foundation; supervision and instruction are provided by the staff of the Menninger Foundation. Facilities of the

Topeka State Hospital and the Menninger Clinic are used for the training program, it was explained.

Dr. Bernard H. Hall is director of the psychiatric aide training program which originated among a group of attendants at Winter Veterans Administration Hospital near here. The new school has been established for a three-year pilot period under the terms of the Rockefeller grant of \$75,000. The training course will run for 12 months divided into two semesters. No tuition fee is

required but candidates must meet qualifications specified in the program, Dr. Hall stated.

Commenting on the new course, Dr. Karl Menninger said it was "perhaps the most significant program in psychiatry today."

### 158 Administrators Attend A.C.H.A. Chicago Institute

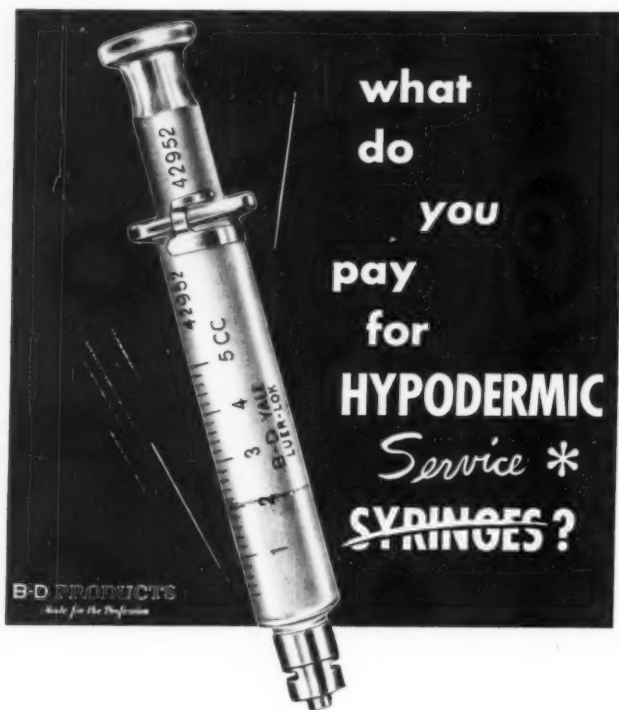
CHICAGO.—One hundred fifty-eight administrators from all parts of the United States and several foreign countries met here last month in the seventeenth institute for hospital administrators conducted by the American College of Hospital Administrators. The program included lectures, discussion periods and field trips to Chicago hospitals for demonstrations of departmental operations.

Among the hospitals visited by the group were the University of Chicago Clinics where departments studied included the cafeteria, medical library and obstetrical service; Passavant Memorial where the group inspected food service and business departments; Wesley Memorial where central supply and surgical services were observed, and St. Luke's where the rehabilitation department and nursing school were under inspection.

The institute also studied the blood bank and premature nursery at the Michael Reese Hospital, the laundry and linen room at Presbyterian Hospital, physical medicine and rehabilitation facilities at the University of Illinois Research and Educational Hospitals, and the clinical laboratories at Mount Sinai Hospital. Visits were also made to headquarters of the American College of Surgeons and the American Hospital Association and to the Children's Memorial, Henrotin, Grant and Little Company of Mary hospitals.

### Evening Classes in Nursing

CHICAGO.—Evening classes in nursing education are being offered at the downtown adult education center of the University of Chicago, the university has announced. Subjects covered are principles of public health nursing, supervision of clinical nursing, and industrial health. A fourth class, with sessions held on the university campus, will feature administration of hospital nursing services, the announcement said.



what  
do  
you  
pay  
for  
**HYPODERMIC**  
*Service \**  
~~**SYRINGES?**~~

**B-D PRODUCTS**  
*Made for the Profession*

\*A hypodermic syringe furnishes hypodermic service to the extent that it stands up under constant use, repeated sterilization and ordinary handling. What you pay for HYPODERMIC SERVICE depends, not on the initial cost of the syringe alone, but on how long a life of service that syringe gives.

To find out what it is costing you for HYPODERMIC SERVICE, send for a free supply of B-D HYPODERMIC SERVICE ACCOUNT RECORD forms and check your purchases and replacements for a month, a quarter or a year. Address your request to Dept. 33-K.

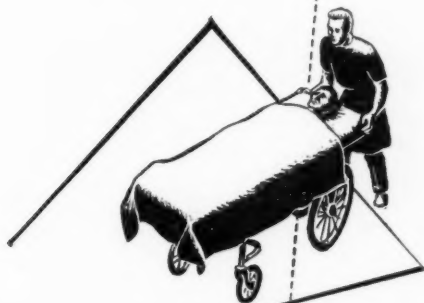
For best results, always use a B-D Needle with a B-D Syringe.



**BECTON, DICKINSON AND COMPANY, RUTHERFORD, N. J.**



*for the patient*  
*in severe **pain**...*



Pantopon—whole opium in purified form—combines the action of all the alkaloids of opium to provide a smooth, balanced analgesic effect. The presence of *all* the opium alkaloids tends to reduce the incidence and intensity of side reactions. Pantopon is applicable in almost any case where severe pain is a problem. Use  $\frac{1}{3}$  gr of Pantopon where  $\frac{1}{4}$  gr of morphine is required. For sedation— $\frac{1}{32}$  to  $\frac{1}{6}$  gr; for pain relief— $\frac{1}{6}$  to  $\frac{1}{3}$  gr; for control of cough  $\frac{1}{24}$  gr to the dose of expectorant. Pantopon is available in four convenient forms: ampuls, 1 cc, containing  $\frac{1}{3}$  gr, boxes of 100; hypodermic tablets,  $\frac{1}{3}$  gr, bottles of 100 and 1000; oral tablets,  $\frac{1}{6}$  gr, bottles of 500; powder, vials of  $\frac{1}{8}$ ,  $\frac{1}{4}$ ,  $\frac{1}{2}$  and 1 oz.

HOFFMANN-LA ROCHE INC. • NUTLEY 10 • NEW JERSEY

**Pantopon<sup>®</sup>**

**'Roche'**

## NEWS...

### Give More Thought to Staff Appointments, Hospital Council Urges

NEW YORK.—In a statement released here last month, the Hospital Council of Greater New York emphasized the need for thoughtful consideration of hospital staff appointments. According to the council, more concerted effort is necessary if the community is to be assured of better medical care through the greatest possible use of existing hospital facilities. "It is not unreasonable to ex-

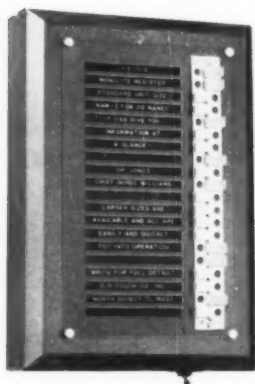
pect a coordination of appointments, so that unnecessary duplications may be eliminated and more doctors added to the staffs of the existing hospitals," the council stated. "The problem extends beyond the individual hospital; it involves the whole community."

From the community standpoint, it is desirable for each practicing physician to maintain a good hospital connection, it was explained. The educational opportunities for the doctors would be increased, and their services would be su-

pervised when necessary. "Generally speaking, if the total number of beds is adequate for the patients, it should likewise be adequate for the physicians who care for these patients," the council stated.

"The majority of the physicians who do not have hospital appointments at the present time are general practitioners," the statement continued. "In general, hospitals have not provided for general practitioners on their staffs. It will be necessary to develop a program for them before they can be assured adequate opportunities in all of the hospitals."

The council pointed out the importance to the community of the ratio of beds per physician with an appointment, indicating that this ratio may be used as a guide in determining full utilization of hospital facilities.



## How to avoid "manhunts"

**Know who's in with MONOLITE REGISTER**

Time is lost and tempers rise when, after a long search, you

find the person you want has been out all the time. Couch Monolite Registers provide a simple, workable solution.

By simply flipping a shutter, a red or green signal light beside each name listed shows who's "in" and who's "out" . . . plug in connection . . . installed easily. Available in models listing names in multiples of 20 up to 80. Used in hospitals, clinics, professional buildings, and offices.

Full information on request.



**S. H. COUCH COMPANY, INC.**  
DEPT. 210-E NORTH QUINCY 71, MASS.

PRIVATE TELEPHONES for HOME and OFFICE . . . HOSPITAL SIGNALING SYSTEMS . . .  
APARTMENT HOUSE TELEPHONES and MAILBOXES . . . FIRE ALARM SYSTEMS for INDUSTRIAL  
PLANTS and PUBLIC BUILDINGS.

### Cortisone for Research

WASHINGTON, D.C. — The National Academy of Sciences has appointed a committee to allocate cortisone among research physicians and hospital groups, according to a plan similar to that under which streptomycin and penicillin were controlled during the early days of their development, it was announced here last month. Dr. Chester S. Keefer of Boston will be chairman of the control committee, it was announced.

Under its initial program the committee will be supplied with approximately 200 grams of cortisone per month, it was explained. No part of this amount will be available for public sale since the entire output will be used for specified research and study projects.

### Approve Insulation Standard

WASHINGTON, D.C.—A commercial standard for wood-fiber blanket insulation for building construction has been approved for new production from October 15, 1949, it was announced last month by the commodity standards division of the National Bureau of Standards here. The announcement said approval of the new standard followed circulation to the trade of a recommended standard and receipt of acceptances from a number of manufacturers, distributors and users estimated to represent a satisfactory majority of the trade.

Because they're made of MONEL,  
Scanlan-Morris sterilizers are...

## "IMMUNIZED" against METALLIC ILLS

In Monel, you have a solid, corrosion-resisting Nickel Alloy. There's nothing to chip off, peel off or wear away.

Monel\* is rustproof... strong... tough... hard... smooth. It resists staining. It stands up against heat, pressure, steam and moisture; against acids, alkalis and a long list of hospital solutions. Constant use and rough treatment cannot damage Monel's attractive satiny finish.

In addition, Monel is easy to keep bright and shining. Plain soap and warm water are usually all you need. But you can use cleansers or detergents as often as you think necessary. You can't scrub away Monel's good looks — *they're permanent!*

So it is with good reason that THE OHIO CHEMICAL & MANUFACTURING COMPANY makes Monel construction available in Scanlan-Morris cylindrical pressure-type surgical supply sterilizers, instrument sterilizers, solution sterilizers and water sterilizers. (Monel, by the way, is standard construction material in *all* Scanlan-Morris hospital non-pressure boiling-type instrument and utensil sterilizers.)

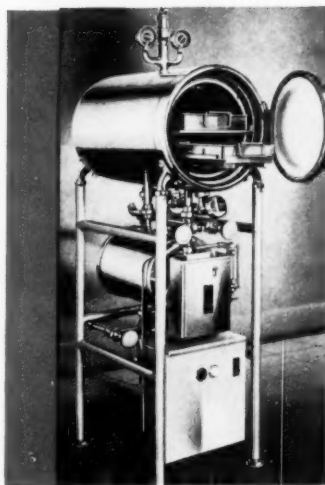
**For full information** about Scanlan-Morris sterilizers that bring you all the advantages of Monel, write THE OHIO CHEMICAL & MANUFACTURING COMPANY, 1400 E. Washington Ave., Madison 10, Wisconsin. \*Reg. U. S. Pat. Off.

**THE INTERNATIONAL NICKEL COMPANY, INC.**  
67 Wall Street, New York 5, N. Y.



**MONEL\*** ...

ALWAYS A WISE CHOICE FOR HOSPITAL EQUIPMENT

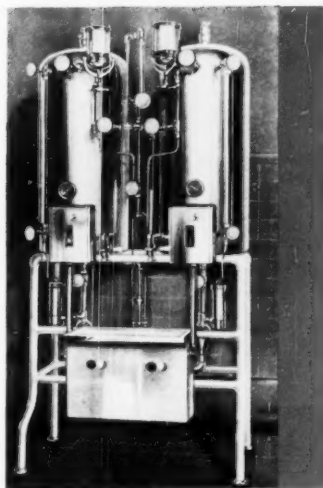


### IMPORTANT FEATURES

of this Scanlan-Morris cylindrical pressure sterilizer are its inner shell and steam jacket, its sturdy trays and racks. Made of Monel, they resist fatigue and corrosion, contribute measurably to sterilizer life.

### LONG-LASTING SOURCE

for sterile hot and cold water. These sterilizers have tanks of Monel, the metal that cannot rust or de-zincify. Corrosion resistant all the way through. Monel never needs painting, coating or costly periodic maintenance.



### TRIPLE-PURPOSE AUTOCLAVE

You can order this autoclave with shelves for laboratory work, with racks for formulae, or with "slide-away" trays for instruments. But no matter which you choose, you get the full protection of Monel inner shell and steam jacket.

# THE Furniture THAT IS ALWAYS New!



**EVERY PART  
REPLACEABLE  
AND  
INTER-CHANGEABLE**



**Wood Steel-  
THE ENGINEERED  
AGELESS  
FURNITURE**

• Combines beauty of wood plus strength and durability of steel.

• Never stick drawer construction overcomes climatic conditions.

• No glued together joints.

• Made of durable Kewaunee county maple, finished in tough alcohol proof finishes.

• Choice of four beautiful colors.

• Saves space—more storage capacity in drawer construction.

• No warping—Rock Maple 5-ply water-proof balanced hardwood cores.

• All beds harmonize with any style.

• Designed by Andre Bus.

• Other features that make WOOD STEEL the outstanding functional furniture of today.



COMBINED with the beauty and richness of wood *plus* the strength and durability of steel, here is a new type of attractively styled furniture (designed by Andre Bus) in which every component part can be replaced when damaged... factory finished dresser tops, ends, drawer fronts, sides or bottoms can be purchased to match the other pieces of your furniture. Only the actual damaged part need be replaced—not the whole piece. This is truly furniture made for rough public handling... yet appearance and comfort in design are apparent at first glance.

Check the features listed here... you'll see why WOOD STEEL offers you functional furniture that is new today... tomorrow... and for years—at a remarkably low cost for always being up to date.

We can't begin to tell you the whole story in just one picture... so why not write today for complete details?

**SOLD ONLY THROUGH DEALERS**

**Wood Steel**  
**KEWAUNEE**

**WOOD PRODUCTS**  
**STEEL**

**Company**  
**WISCONSIN**

## NEWS...

### Blue Cross, Blue Shield Hold Enrollment Meeting

NEW YORK.—Representatives of Blue Cross and Blue Shield plans throughout New York State met here in a two-day enrollment conference last month to discuss methods of spreading voluntary prepayment plans to a larger proportion of the population.

Addressing the conference, Louis H. Pink, president of the Associated Hospital Service, New York City, urged Blue Cross leaders to support the state bond issue for financing hospital construction and renovation in New York City. Mr. Pink distinguished between "statism" and socialism; the latter does not necessarily menace voluntary efforts, he said. "No adequate health program which will in the long run be satisfactory to the public can be imposed upon the people which does not preserve community interest and community control of health services," he stated. "But government is an important and necessary partner in any broad social program."

"Grants-in-aid for necessary services which private effort finds difficult or impossible to provide are essential, particularly as we must look to government for support and leadership in preventive medicine. Medical and hospital care for the sick, except for those who are not self-supporting and for some phases of preventive medicine, can be adequately and best provided for by the people themselves through cooperative effort and prepayment hospital and medical plans," Mr. Pink concluded.

### New York Defers Plan to Repossess TB Hospital

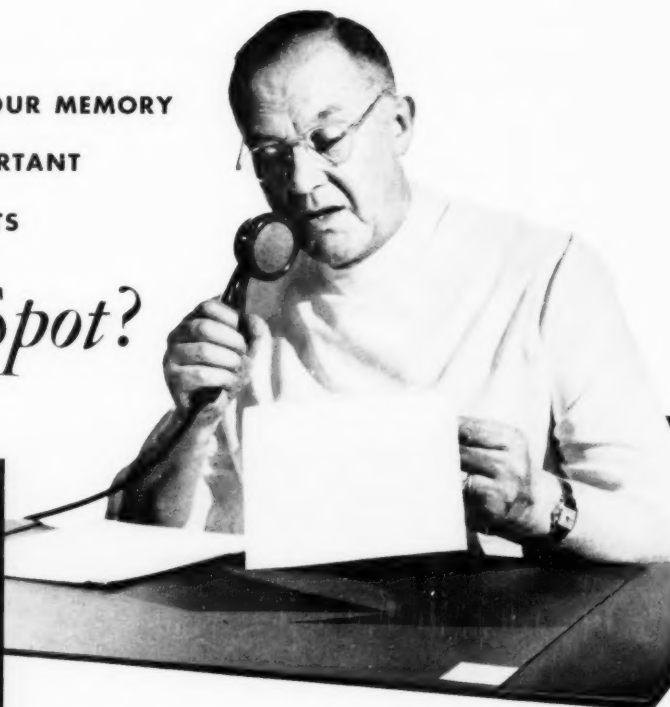
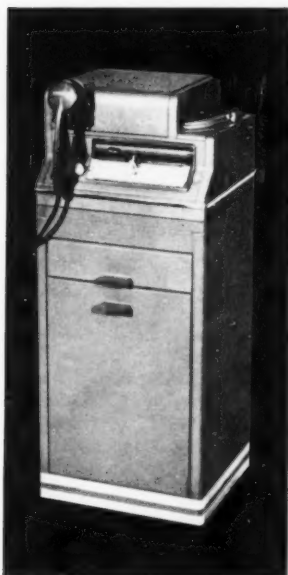
NEW YORK.—Plans to repossess the Neponsit Beach Hospital which has been leased to the U.S. Public Health Service were deferred by the city, according to an announcement made here last month by Mayor William O'Dwyer. Located at Rockaway Beach, Queens, the hospital has been used by the Health Service for tuberculous patients from the Merchant Marine. Because of the serious shortage of city hospital facilities for tuberculous patients, the city had announced that the Public Health Service lease would not be extended beyond January 1. The city planned to use the hospital for 300 tuberculous patients, which would ease serious overcrowding in present municipal hospital facilities.

SHOULD YOU TRUST YOUR MEMORY

—OR RECORD IMPORTANT

MEDICAL FACTS

*On-The-Spot?*



**THE ANSWER IS ONE THAT EFFICIENT  
HOSPITALS CAN'T AFFORD TO IGNORE...**

With today's stenographic staffs short-handed and often unavailable, dictating instruments capable of recording important information on the spot, are "musts" in the modern hospital.

By having Edison install new Disc Voicewriters in your hospital, you can make permanent records of post-operative summaries, diagnoses, clinical notes, consultations, nurse's instructions on plastic discs for convenient filing and mailing.

Whether you use the new disc-type or cylinder-type, Edison's new development—Ear-Tuned Jewel-Action—makes the clearest possible record of your voice. No matter how you talk—fast or slow . . . loud or soft—your words reach the transcriber with utmost clarity and accuracy. *No other instrument matches Edison understandability . . . because only Edison has Ear-Tuned Jewel-Action.*

**EDISON *Electronic*  
VOICewriter**

Only the EDIPHONE MAN brings you the exclusive advantages of Ear-Tuned Jewel-Action.

**HELP YOUR STAFF TO  
SAVE PRECIOUS HOURS**

A graphic presentation of the advantages of the new Disc EDISON VOICewriter in modern hospital administration can be made in five minutes. Phone "EDIPHONE" or write Thomas A. Edison, Incorporated, West Orange, New Jersey. In Canada: Thomas A. Edison of Canada, Ltd., Toronto 1, Ontario.



## NEWS...

### P.H.S. Gives \$8,614,737 for Heart Disease Research

WASHINGTON, D.C.—A total of \$8,614,737 in federal funds was awarded last month to 85 medical schools, hospitals and research institutions in 34 states and the District of Columbia, according to an announcement released here by Surgeon General Leonard A. Scheele of the Public Health Service. The funds will be administered by the National Heart Institute for heart research, expanded programs

of heart teaching in medical schools, and building additional heart laboratories throughout the country, it was explained.

A summary of grants by state totals follows:

Alabama	\$ 18,622
Arizona	10,000
California	708,447
Colorado	296,135
Connecticut	14,000
Georgia	87,120
Illinois	838,603
Iowa	14,000
Kansas	147,890

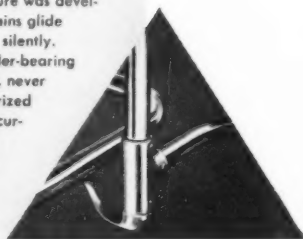
Kentucky	29,400
Louisiana	556,077
Maryland	573,000
Massachusetts	1,616,943
Michigan	33,880
Minnesota	552,516
Mississippi	25,017
Missouri	39,709
Nebraska	14,000
New Jersey	10,152
New York	898,621
North Carolina	111,354
Ohio	37,427
Oklahoma	44,120
Oregon	14,000
Pennsylvania	1,061,669
South Dakota	5,000
Tennessee	210,591
Texas	22,045
Utah	82,526
Vermont	13,496
Virginia	14,000
Washington	21,351
West Virginia	3,100
Wisconsin	394,000
District of Columbia	95,836

TOTAL \$8,614,737

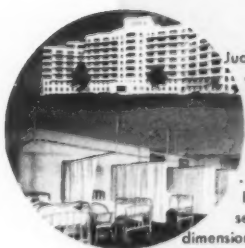
QUALIFIED BY OVER 20 YEARS EXPERIENCE

in perfecting cubicle equipment

This patented corner fixture was developed by Judd to let curtains glide around corners instantly, silently. Judd's fiber-wheeled, roller-bearing carriers are always quiet, never jam. Judd's sturdy Sanforized white or colorfast pastel curtains have rustproof grommets permanently machined into top hem.



...in satisfying hospital needs



Judd's strong, durable cubicle equipment is easy to install and maintain. And you can depend on Judd's efficient planning to use space to best advantage ...keep costs at a minimum. For a costfree estimate, just send a simple diagram, with dimensions, of areas to be cubicked.

H. L. JUDD COMPANY

Originators of Modern CUBICLE CURTAIN SCREENING EQUIPMENT  
Hospital Division • 87 Chambers St., New York 7  
449 E. Jefferson Ave., Detroit 26 • 3400 N. Western Ave., Chicago 18  
3300 Leonis Blvd., Los Angeles 11

### Provident Hospital Reopens Outpatient Clinic

CHICAGO.—Closed last August because of lack of funds, the outpatient clinic at the Provident Hospital here was reopened last month when the Cook County board of commissioners agreed to furnish \$5000 a month to help meet the cost of operating the all-Negro clinic, emergency room and hospital facilities, Stanley P. Farwell, hospital treasurer, reported.

"The county commissioners will consider this care furnished by Provident as an extension of Cook County Hospital's services and will compensate the hospital for care given to patients who are eligible for County Hospital Care," it was explained.

In a statement released in connection with the announcement that the clinic was to be reopened, Mr. Farwell traced the hospital's recent financial history. A sum of \$150,000 will be needed to reduce the hospital's debts and to meet anticipated operating deficits, it was explained. A fund raising campaign is to be undertaken this fall.

"With increasing public awareness of the important part which Provident Hospital plays in the care of the sick, especially those of the Negro community, as evidenced by the action of the Board of County Commissioners, and we hope later by other public bodies, the future of this hospital appears to be growing brighter," Mr. Farwell concluded. "Continued support through private and corporate donations should ensure the continuance of its essential services."



**CAN'T BEAT  
POWERS  
REGULATED  
SHOWERS**



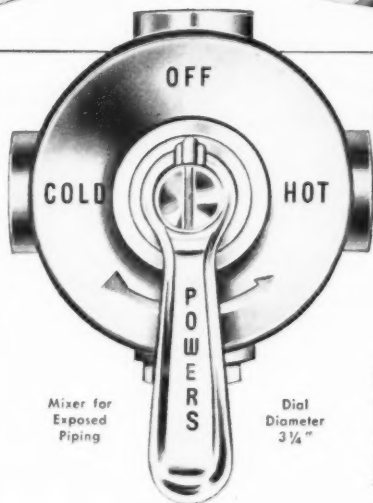
Powers Type H Thermostatic Supply S-4629—for various hospital baths, X-Ray film developing, etc. Only one of many different types of fixtures shown in our HOSPITAL catalog. May we send you a copy?



Extreme accuracy make POWERS Type H mixers ideal for hydrotherapy and other baths.

Photos above: Leg and arm baths.

At right: Continuous flow bath.



Mixer for Exposed Piping

Dial Diameter 3 1/4"



Only One Moving Part

**POWERS**

**Type H**

## ***Thermostatic* WATER MIXERS**

are **SAFE** against scalding caused by

**1 PRESSURE or 2 TEMPERATURE**

fluctuations in water supply lines

**Safer**—because of their quick acting response to any change in temperature setting, pressure or temperature variations in water supply lines. Users report control within 1/2°F. **Greater Comfort**—shower temperature remains constant wherever set. No jumpy temperatures. **More Economical**—POWERS thermostatic mixers promptly deliver showers at the right temperature...no waste of time, hot or cold water.

For new installations or when modernizing obsolete showers...play safe, use Powers type H thermostatic shower mixers. May we send Circular H-48? CHICAGO 14, ILL., 2770 Greenview Ave. • NEW YORK 17, N. Y., 231 E. 46th St. LOS ANGELES 5, CAL., 1808 W. Eighth St. • TORONTO, ONT., 195 Spadina Ave.

**THE POWERS REGULATOR CO.**

OFFICES IN 50 CITIES • SEE YOUR PHONE BOOK

**Over 55 Years of Water Temperature Control**

HMH

# Decorate with **VARLAR** Stainproof Wall Covering ...and you can "redecorate" with soap and water year in and year out!



## VARLAR

*Washes Like Tile...  
Cuts Decorating Costs!*

**N**OW, at last, a wall covering as beautiful as the most beautiful wallpaper—yet washes like tile! It's amazing new Varlar Stainproof Wall Covering! Even hot grease won't stain it! Nor will steam, water, hair oil or mercurochrome mar its lasting beauty. Even lipstick, crayons, India ink, salad oil and shoe polish wash right off—with plain soap and water! Resists fire, bacteria and vermin too!

### Over 100 Beautiful Styles

Yes, Varlar is a remarkable scientific discovery combining all of the best fea-

tures of all previous wall coverings. It hangs as easily as wallpaper and stays new looking for years! You can "redecorate" any time you want—with ordinary soap and water—without any expense, any muss, any loss of time! Your choice of over 100 decorator-approved styles—in smart, colorful florals, plaids, geometries, pictorials, stripes, tiles, two-tone tints and solid pastels.

Truly, Varlar is amazing! Send for your free sample today, and see how lovely, how stainproof, how washable it is!

\*Rigid laboratory tests show that Varlar STILL looks "brand new" after 25,000 washings!

Varlar, Inc., Dept. MH-10  
Merchandise Mart, Chicago 54

Send me my free sample of Varlar. Bet I can stain it!

Name

Address

City  Zone  State

**FREE  
TEST SAMPLE!**  
Mail Coupon Today!

## NEWS...

### Record Librarians Must Complete Formal Training to Qualify for Registration

CHICAGO.—Medical record department workers in hospitals have until January 1, 1954, to complete in-service training which will qualify them to write the examination for registration as medical record librarians, Norma Baumann, president of the American Association of Medical Record Librarians, announced here last month. A revision of the by-laws of the organization now makes it mandatory that all candidates for registration after January 1, 1954, be graduates of approved schools for the training of medical record librarians, Miss Baumann said.

"Hospital administrators are urged to bring this deadline to the attention of workers in their medical record departments and to make available time and opportunity for interested workers to attend extension course programs conducted by the American Association of Medical Record Librarians and institutes conducted by the American Hospital Association which will count as credit toward registration eligibility," Miss Baumann stated.

### U. of California to Use Synchrotron in Cancer Study

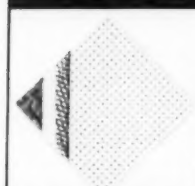
SAN FRANCISCO.—Purchase of a 70,000,000 volt synchrotron by the University of California Medical School for use in the fight against cancer was announced here recently. First machine of its type for the study of high-frequency radiation in the treatment of cancer, the new x-ray generator is expected to be ready early in 1951; the Atomic Energy Commission will provide funds for the instrument and its operation, it was reported.

The new synchrotron is being built in the General Electric Company's general engineering and consulting laboratory, where a similar unit is also under construction for research use at Queens University in Canada, the report said. The one for the University of California is the first machine of its type specifically designed for hospital use, it was explained. Completely enclosed in a metal cabinet, it is to be mounted in trunnions on an elevating mechanism, so that it may be moved to aim the x-ray beam toward the patient from any desired direction. A thick concrete wall around the treatment room will protect employees who work with it continually.

# WHAT'S YOUR NOISE PROBLEM?

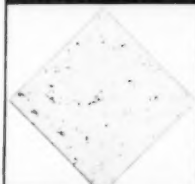
**Gold Bond's complete line  
of Acoustical Products can solve it!**

## YOU'LL FIND YOUR ANSWER HERE



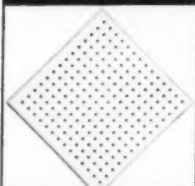
**ACOUSTIMETAL**

Perforated steel pans backed with sound-absorbing rock wool pads. Completely fireproof. Panels can be removed for repairs to wiring or plumbing. White factory baked enamel finish can be washed or painted any number of times.



**TRAVACOUSTIC**

Fireproof, incombustible mineral tile. Random-fissured to resemble imported travertine stone. Available in square or beveled edges. Factory-painted white for high light reflection. Easily cleaned. Can be redecorated by painting with brush or spray-gun.



**ACOUSTIFIBRE**

Low-cost wood fibre tile. Perforated. Round, smooth holes are drilled... not punched. Mould and fungus-proof. Sanitary, easy to keep clean. Beveled edges only. Factory painted shell white. Can be redecorated by spray or brush painting.



**ECONACOUSTIC**

Made from selected "live" wood fibres. High sound absorption at low cost. Beautiful brushed-texture surface can be cleaned with vacuum cleaner. Prepainted natural white. May be redecorated by spray-painting.



**THERMACOUSTIC**

A sprayed mineral wool product especially adaptable for irregular surfaces. May be applied in any desired thickness. Affords high sound-absorption and thermal insulation. Completely fireproof. Rot-proof. Permanent. Egg-shell white. May be redecorated by spray-painting.

**W**HETHER you want to hush a whisper, or smother a brass band, Gold Bond Acoustical Products can do the job. That's because Gold Bond offers you *complete* Acoustical Service:

1. A full line of Gold Bond Metal, Mineral and Fibre Acoustical Products.
2. Factory-Appointed Acoustical Applicators to assure perfect installation.

With three new products recently added to the Gold Bond Acoustical Line, National Gypsum, pioneers in Acoustical Research, now has the answer to *every* acoustical problem. Look over the chart at the left and you're bound to find a Gold Bond product that will give you the sound-absorbing qualities and the finish you need. And better yet—you'll find one that will fit your budget!

Then, to be sure the job is correctly installed according to factory specifications, call your local Gold Bond Acoustical Applicator. He's in the phone directory under "Acoustical Applicators". At no obligation, he'll be glad to give you expert advice and a free cost estimate. If none is listed in your directory, or you wish additional information, write Dept. H-910.

**NATIONAL GYPSUM COMPANY  
BUFFALO 2, N. Y.**

**You'll build or  
remodel better with  
Gold Bond**

**ACOUSTICAL PRODUCTS**

## NEWS...

### Need 6000 Occupational Therapists, Dr. Rusk Says

NEW YORK. — Public and private hospitals and agencies caring for the handicapped could use an additional 6000 occupational therapists, Dr. Howard A. Rusk, chief of the Division of Rehabilitation at the New York University-Bellevue Medical Center here, said in the *New York Times* last month. This estimate is based on present needs only, Doctor Rusk said, and does not

include the therapists needed to expand existing services. In psychiatric hospitals alone, it is estimated, 12,000 occupational therapists would be needed if adequate treatment were to be given to all mentally ill patients. A similarly large number would probably be needed for adequate expansion of services to physically disabled and handicapped persons, Doctor Rusk said.

In spite of the need for trained occupational therapists to staff services now needing additional personnel, Doctor

Rusk continued, the presently approved schools for therapists are reporting student vacancies. In 25 schools accredited by the American Medical Association's Council on Medical Education and Hospitals, the article said, only 1700 students are now enrolled while the schools have a total capacity of 2300 students.

Salaries range from \$2000 to \$4000 a year for staff therapists, Dr. Rusk said, while salaries for occupational therapists in the Veterans Administration range up to \$5200 a year for supervisory positions. "With the opening of several thousand new hospital beds anticipated in the near future," he concluded, "this shortage will become even greater."

### Brookings Institution Starts Survey of Medical Care

WASHINGTON, D.C. — An exhaustive study of medical facilities and services available to the American people has been undertaken by the Brookings Institution, it was announced last month. The study is expected to take two years, it was explained. A staff is now being organized to find objective facts in a field in which "most public discussion is being conducted on an emotional basis," the announcement said.

Describing the scope of the study, the institution stated that it would be divided into two phases. The first phase would seek to discover the availability of medical service in the United States and would emerge as a "comprehensive, descriptive, statistical report designed to make available reliable data on the extent of medical care and the existing and potential provisions for meeting the cost through insurance or prepayment plans and, in the case of those who cannot pay, through public services or private philanthropy."

The second phase, it was explained, would constitute an evaluation of medical services dealing with issues of public and private policy and indicating means by which adequate medical care can best be provided.

### Support Bond Issue

NEW YORK.—A statewide committee has been formed to support the \$150,000,000 bond issue for expansion and renovation of municipal hospitals, it was announced here last month by Dr.

## Your "Shortest Cut" to the Finest Laboratory ...without wasting a Dollar!



### Send for the New KEWAUNEE BOOK of Hospital Casework & Laboratory Furniture

Includes typical floor plans  
and elevation drawings

#### A Few of the Many Kewaunee Installations

St. Mary's Hospital,  
Rochester, Minn.  
Wesley Memorial Hospital,  
Chicago, Ill.  
Presbyterian Hospital, Chicago, Ill.  
City Hospital, Baltimore, Maryland  
Eye, Ear, Nose & Throat Hospital,  
New Orleans, La.  
Mobile Hospital, Mobile, Ala.  
Naval Medical Center,  
Bethesda, Maryland  
Veterans Hospital,  
Fort Hamilton, New York  
Greenbrier Hotel,  
White Sulphur Springs, W. Va.  
Mercy Hospital, Jackson, Michigan  
Hahnemann Hospital,  
Philadelphia, Pa.  
Flow Memorial Hospital,  
Denton, Texas  
Kings Daughter's Hospital,  
Staunton, Va.  
Marion County Hospital,  
Columbus, Miss.  
Divine Providence Hospital,  
Williamsport, Pa.  
Hospital of St. Raphael,  
New Haven, Conn.  
St. Albans Naval Hospital,  
St. Albans, New York  
Northern Indiana Hospital,  
Westville, Indiana  
St. Joseph's Hospital,  
Menominee, Mich.  
West Tennessee T. B. Hospital,  
Memphis, Tenn.

See what Kewaunee's method of mass-production and matched-unit assembly plan has to offer you. See how by reducing engineering and installation time we give you true economy without any sacrifice of quality.

For a laboratory of streamlined beauty, time-saving conveniences, and lasting service, equip with—

### Kewaunee Casework and Laboratory Furniture

Write for the New Kewaunee Catalog of Hospital  
Casework and Laboratory Furniture

The services of Kewaunee Laboratory engineers  
are available to you without cost or obligation.

**Kewaunee Mfg. Co.**

C. G. Campbell, President

5023 S. Center St.

Adrian, Michigan

Representatives in Principal Cities

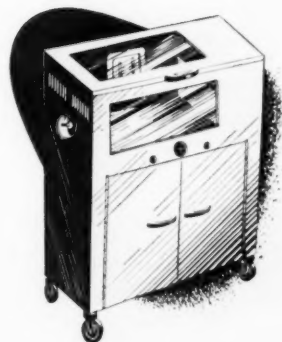




## LIVSEY INFANT INCUBATOR

In the womb an infant is provided with a constant temperature and sufficient moisture. The Livsey Incubator continues this perfect regulation through Automatic Radiant Heating, an exclusive feature, which insures a uniform temperature and proper humidity. The Livsey Incubator also provides attachments for supplying oxygen, and contains compartments for warming apparel and for medication.

*For literature and details of special offer write to: The Livsey Equipment Co., Dept. 11, 18938 Winslow Road, Cleveland 22, Ohio.*



## NEWS...

Edward M. Bernecker, former city hospital commissioner who is now administrator of the New York University-Bellevue Medical Center. The committee will seek to educate the public in the municipal hospital situation in an effort to gain support for the public financing issue which will be presented to the voters next November. The committee is known as the State Citizens Committee for the New York City Hospital Bond Issue and is headed by Winthrop W. Aldrich, it was announced.

### Bids on Nurses' Home at Lowell Hospital Are Under Estimate

LOWELL, MASS.—Bids were taken here last month for a new nurses' home to be constructed at the Lowell General Hospital, Paul Spencer, administrator, announced. An interesting feature of the bidding was that the low bid was approximately \$140,000 under the architect's estimated cost of \$784,000 for the project, Mr. Spencer said. The low bid came to \$1.20 per cubic foot as against

an estimate of \$1.46 per cubic foot, he added.

The new building will contain classrooms, laboratories, demonstration units, study and recreational areas in addition to residential facilities for approximately 100 nursing students, it was explained. It is expected to be ready for occupancy for the entering class in September 1950, Mr. Spencer said.

### Marine Hospital at Buffalo, N.Y., Will Close

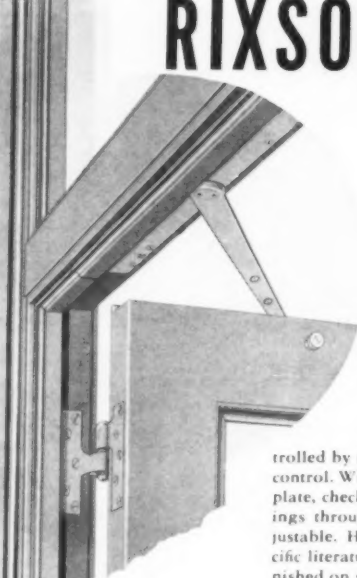
WASHINGTON, D.C.—The U.S. Marine Hospital at Buffalo, N.Y., discontinued admitting patients September 16 and the hospital will be closed as soon as possible, according to an announcement made last month by the Public Health Service. Surgeon General Leonard A. Scheele recommended closing the hospital because the decrease in the number of persons in the Buffalo area who are entitled to medical care at the U.S. Marine Hospital does not warrant the sizable expense necessary to maintain the Buffalo Marine Hospital, and because of the increasing difficulty of staffing and equipping a small hospital to give a full range of special services, it was explained.

The Marine Hospital at Pittsburgh discontinued admitting patients September 9 for the same reasons, it was explained.

### Urges Change in Provision of Veterans' Medical Care

NEW YORK.—The New York Academy of Medicine has urged Congress to amend the federal statute governing the provision of hospital and medical care to veterans, it was disclosed here last month in a statement released by the academy's committee on public health relations. The committee urged that Veterans Administration hospitals provide care routinely only for service-connected disabilities.

The report asked Congress to provide legislation which would permit the Veterans Administration to investigate claims of inability to pay made by the veterans seeking care for nonservice-connected disabilities. The statement also called for greater use of voluntary hospitals in the care of veterans and suggested that the Veterans Administration encourage veterans to use Blue Cross and other prepayment plans.




## RIXSON

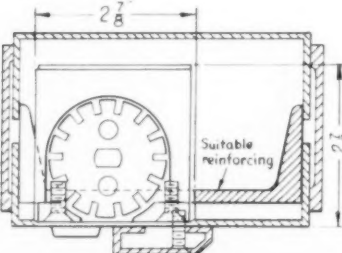
CONCEALED  
OVERHEAD  
DOOR CHECKS

**Especially Compact for  
NARROW  
Headframes and  
Transom Bars  
... Metal or Wood**

Rixson No. 220 concealed single-acting overhead door checks—for interior, vestibule or entrance doors—are particularly desirable when small space is a factor. These sturdy, reliable units are only 27 1/8" wide x 2 7/8" high and 17" long. Checking action is controlled by two valves—for closing and latch control. When door is closed, no parts of the plate, check or arm are visible. Roller bearings throughout. Spring control easily adjustable. Hold-open feature available. Specific literature and specifications will be furnished on request.



Special problems of installation will receive prompt attention from the Rixson engineering and design departments.



**The Oscar C. Rixson Company**

4430 Carroll Avenue      Chicago 24, Illinois      Telephone Mansfield 8-3050

Established 1900

#### SALES REPRESENTATIVES

ATLANTA—Walter S. Johnson, 917 St. Charles Ave., Tel. Vernon 4725.

CANADA—The Richards-Wilcox Canadian Co., Ltd., London, Ont., Tel. Fairmont 2800.

LOS ANGELES—George E. Tupper, 1010 W. Olympic Blvd., Tel. Prospect 0924.

NEW YORK—Fred G. MacKenzie, 107 Reade St., Tel. Barclay 7-8552.

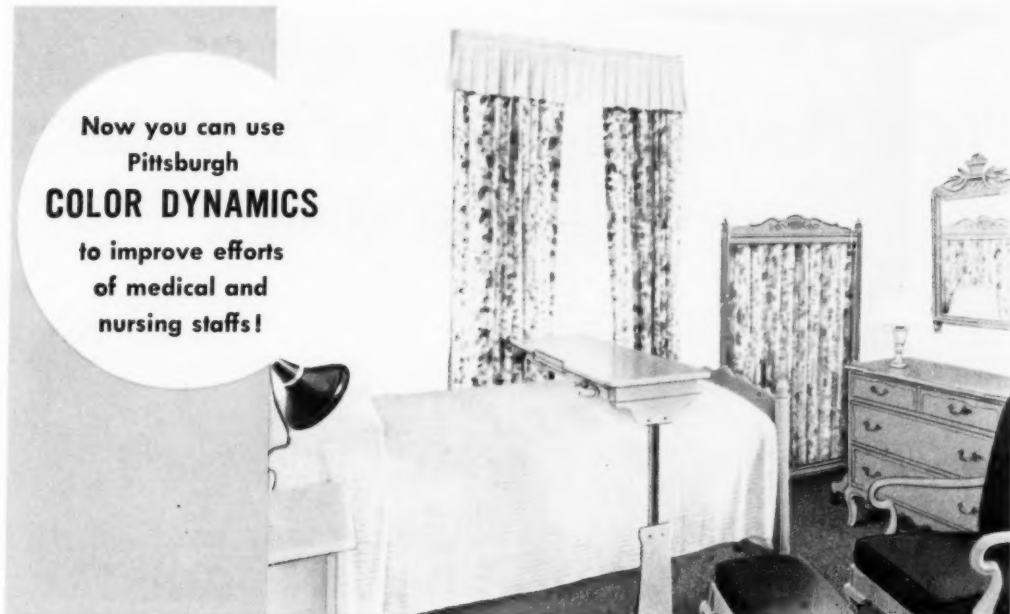
PHILADELPHIA—G. Norris Williams, 211 Greenwood Ave., Wynnton, Pa., Tel. Ogontz 1929.

PORTLAND, ORE.—W. N. Browning, 529 Henry Bldg., Tel. Atwater 5839.

SEATTLE—E. R. Spragg, 4012 East 38th St., Tel. Kenwood 7605.

WASHINGTON, D. C.—L. J. Felt, 2058 14th St. N.E., Arlington, Va., Tel. Chestnut 6262.

Now you can use  
Pittsburgh  
**COLOR DYNAMICS**  
to improve efforts  
of medical and  
nursing staffs!



## We'll gladly submit a **COLOR DYNAMICS** Survey of your hospital . . . Free and without obligation!

**P**ITTSBURGH COLOR DYNAMICS is much more than a system of painting. It takes into consideration many factors upon which an accurate color plan must be based.

We'll be glad to make a *scientific color engineering study* of your hospital on request—free and without obligation on your part.

In many hospitals and sanatoriums Pittsburgh COLOR DYNAMICS has transformed drab and uninviting institutions into charming and attractive establishments. Patients have made speedier recoveries and medical and nursing staffs have done their work a great deal more efficiently and pleasantly.

Working with medical men and psychologists, Pittsburgh's color experts and technicians have based this new

painting method upon the reactions of human beings to color.

By the use of COLOR DYNAMICS, patients' rooms and wards have been given color arrangements that assist convalescence. Similar purposeful use of color in operating rooms relieves eye-fatigue and tension of surgeons. Graduated steps of receding tones lessen the feeling of claustrophobia in labor rooms. Proper colors at nurses' stations promote alertness and efficiency.

No hospital need seem bleak or cold when it can be transformed so simply and easily into a friendly place which inspires trust and confidence.

You can apply these principles of the energy in color to your hospital with scientific accuracy. How to do this is fully explained in a profusely illustrated booklet. Send this coupon for your free copy today.

### There's a Pittsburgh Paint For Every Painting Need

**WALLHIDE**—PBX, extra-durable; SEMI-GLOSS, for higher sheen; FLAT, for velvet-like finish; GLOSS, for severe service and frequent cleaning.

**LAVAX PBX ENAMEL**—durable finish for interior use. Dries quickly to an eggshell finish that eliminates glare. For wood, metal or other surfaces.

**FLORHIDE**—for floor surfaces; can be scrubbed repeatedly with soap solutions.

Pittsburgh Plate Glass Co., Paint Div.,  
Dept. MH-109, Pittsburgh 22, Pa.

☐ Please send me a FREE copy of your new revised and enlarged Booklet, "Color Dynamics."

☐ Please have your representative call for a Color Dynamics Survey of our properties without obligation on our part.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

FREE BOOKLET! ➔



# PITTSBURGH PAINTS

PAINTS • GLASS • CHEMICALS • BRUSHES • PLASTICS

PITTSBURGH PLATE GLASS COMPANY

# ANOTHER ILLUSTRATION OF Proper Planning To Solve Elevator Problems FOR YEARS TO COME



Pittsburgh's  
**WEST PENN  
HOSPITAL**  
Relies on  
**WESTINGHOUSE  
ELEVATORS**

*Six Westinghouse Elevators serve six floors and basement of The West Penn Hospital on Friendship Ave., Pittsburgh. Two of the six units have given continuous and satisfactory service since 1926. Four additional elevators with variable voltage control, speed of 300 fpm and capacities of 3,500 and 4,000 pounds, were installed in 1948 to meet both today's and tomorrow's demands. (Architect: Jared E. Tiltz, Pottsville, Pa.; Engineers and Contractors: Crump Inc., Pittsburgh, Pa.)*

Here's another example of how management's foresight and planning and Westinghouse experience and know-how have worked together to give The West Penn Hospital the finest vertical transportation system possible.

An elevator system that not only meets all the requirements of today, but *anticipates* the traffic demands of tomorrow.

If you are thinking of investing in elevators for a new hospital or modernizing an existing

system, come to Westinghouse. The Westinghouse vertical transportation experts will help you plan the most efficient and economical installation possible for your particular needs—*today and tomorrow.*

Call a Westinghouse specialist now or send for the booklet "Hospital Highways" as the preliminary step toward safeguarding your elevator investment. Westinghouse Electric Corporation, Elevator Division, Jersey City, N.J.

YOU CAN BE **SURE**...IF IT'S

# Westinghouse

SUGGS CLINIC, Ada, Okla. This pack tray is subject to extreme changes in temperature. But it will never craze—it's Duraclay!

no matter where you look  
...nothing else like

*duraclay*



Look where you will—in leading hospitals across the country—you'll see Duraclay on the job. Because no matter where you look, *there's nothing else like it*—no other material has the qualities of Duraclay.

Unlike other materials, Duraclay is completely immune to thermal shock . . . stands up to scalding water one minute, ice water the next. Strong acids don't stain it . . . abrasion doesn't harm it . . . it shows no craze despite years of tough usage.

This wonder material is available from Crane in a complete line of hospital sinks and baths. See them all in your free copy of the Crane Hospital Catalog. And be sure to check your building or modernization plans with your Crane Branch, Crane Wholesaler, or Local Plumbing Contractor.



OREGON STATE HOSPITAL, Salem, Ore. A Duraclay Patients' Bath, as good today as the day it was installed. Just one of many baths available in Duraclay.

ST. JOSEPH RIVERSIDE HOSPITAL, Warren, Ohio. Absolute cleanliness is a must on these surgeons' wash-up sinks. No fear—they're Duraclay—once over with a damp cloth, and how they sparkle!

\* *duraclay*

exceeds the rigid tests for earthenware (vitreous glazed) established in Simplified Practice Recommendation R-106-41 of The National Bureau of Standards.



GARDEN GROVE SANATORIUM, California. A Sitz Bath of Crane Duraclay. Crane also supplies such non-Duraclay items as the Herbal-Therapy bath at right . . . conventional fixtures for nurses' quarters, patients' rooms, etc. . . . and all the specialized plumbing equipment that hospital service demands.



# CRANE

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS, PLUMBING AND HEATING CONTRACTORS

CRANE CO., GENERAL OFFICES:  
836 S. MICHIGAN AVE., CHICAGO 5  
PLUMBING AND HEATING  
VALVES • FITTINGS • PIPE





**For smoother,  
more efficient  
hospital operation**

### *... Stanley Magic Doors*

Stanley Magic Doors meet a real need in the modern, well-equipped hospital. Operated by a photo-electric "eye", Magic Doors open automatically on approach, stay open 'till the passage is clear, then close quickly and silently.

Think what a help that is to patients on crutches or in wheel chairs—to hospital personnel carrying instruments or trays.

On corridor, ambulance, nursery, delivery room and operating room doors, cafeteria doors and main entrances, Stanley Magic Doors have added greater convenience and efficiency in leading hospitals all over the country! If you have not already done so, it will pay you to get full information on Stanley Magic Doors now. Fill out and mail this coupon today.

**STANLEY**

Reg. U. S. Pat. Off.

**HARDWARE • HAND TOOLS • ELECTRIC TOOLS • STEEL STRAPPING**

The Stanley Works, Magic Door Division, New Britain, Conn.  
Please send full information on Stanley Magic Doors for hospital use.

Name \_\_\_\_\_

Hospital \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

☐ Check if you would like a representative to call.

## **NEWS...**

### **Seminar on Hospital Planning to Be Held in Boston, December 2, 3**

BOSTON.—A seminar on hospital planning will be held here December 2 and 3 under the sponsorship of six New England chapters of the American Institute of Architects, Sherman Morss of Beverly Farms, Mass., a member of the seminar committee, announced last month.

Patterned after a similar regional seminar held in the South last spring, the Boston conference will bring together hospital architects, engineers, consultants, administrators, trustees, staff members and public health officials for lectures, discussions and round table conferences on every aspect of hospital planning, the announcement said.

Special subjects scheduled for discussion include the duties and limitations of architects and consultants, interrelationship of hospital departments, the nursing unit, mechanical plant and aseptic technics and flexibility and expansibility of building plans.

### **Plan Institutes for Catholic Nurse Educators**

ST. LOUIS.—Catholic nurse educators will take part in a series of regional institutes to be sponsored by the Conference of Catholic Schools of Nursing during the months of October, November and December, it was announced at conference headquarters here last month.

Organized in response to numerous requests from the Catholic schools for aid in improving their educational programs, the institutes are designed to assist local educators in making their schools better Catholic as well as better professional institutions, it was explained. It is expected that the institutes will also prove of benefit to schools in preparation for national accreditation.

Principles of organization and administration of schools of nursing will be discussed by a faculty composed of conference staff members and authorities in special fields. Open to all those interested in Catholic nursing education, the institutes will take place in the following localities: Boston, October 9, 10, 11; Philadelphia, October 14, 15, 16; Chicago, October 23, 24, 25; Seattle, November 6, 7, 8; Kansas City, Mo., November 11, 12, 13; New Orleans, November 20, 21, 22, and Cincinnati, December 2, 3, 4.

# How to Raise 1½ Million Dollars in a Hospital Campaign...

If you'd like to know how to raise 1½ million dollars—or any other reasonable objective—for your hospital, we suggest that you talk to people who have demonstrated how a hospital campaign should be managed.

The citizens of Stamford, Conn., for example, wanted to raise \$1,500,000 for a new wing and modernization of The Stamford Hospital.

First they obtained competent, experienced professional direction by retaining Ketchum, Inc.

THEN 1,112 OF THEM WENT TO WORK AND RAISED \$2,030,800—MORE THAN HALF A MILLION DOLLARS OVER THEIR GOAL!

Newsworthy items in this outstanding success were...

- One of the most impressive totals of memorial tributes in the history of hospital campaigning.
- A high average contribution by industrial employees.
- Heart-warming participation by major corporations, almost all of which contributed at the top level suggested.
- Strong support from residents of surrounding communities served by The Stamford Hospital.

Why did The Stamford Hospital campaign climb so far over the goal?

A chief reason was the extraordinary quality and zeal of the volunteer leadership by business executives. Another reason was the well-planned publicity program initiated prior to the campaign and intensified during the fund-raising effort.

A third reason for this success was the skilled direction of the campaign.



Well Done! One of the major reasons for success in The Stamford Hospital campaign was the vigorous leadership of top executives like industrialist Walter H. Wheeler, Jr., general chairman, and banker Harold E. Rider, associate chairman of the memorial tributes division, photographed at the Victory Dinner.

## Ketchum, Inc.

### CAMPAIGN DIRECTION

CHAMBER OF COMMERCE BUILDING, PITTSBURGH 19, PA.  
500 FIFTH AVENUE, NEW YORK 18, N. Y.

CARLTON G. KETCHUM    NORMAN MACLEOD    McCLEAN WORK  
President    Executive Vice President    Vice President

Member American Association of Fund Raising Council

1919 Our 30th Year 1949

## NEWS...

### Passavant Nursing School Opens With 51 Students

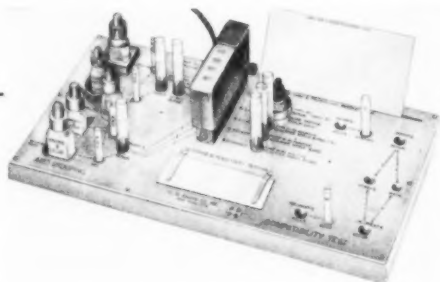
CHICAGO.—The James Ward Thorne School of Nursing of Passavant Memorial Hospital here was opened last month with a class of 51 students, according to an announcement by Richard D. Vanderwarker, hospital director. The recruitment program was begun in February, Mr. Vanderwarker said, and registration was closed in July when the required number of qualified students had enrolled.

The school is affiliated with Northwestern University and students take science courses in the university's medical school, the announcement said. Classrooms in the Passavant Hospital building are being utilized for the other required courses. Two courses are offered: a three-year course leading to a diploma in nursing and a five-year course leading to a diploma in nursing and a bachelor's degree from the university.

Clare Wangen is director of the school. Miss Wangen, who is a graduate of the

Johns Hopkins Hospital School of Nursing, holds a B.S. degree from the University of Washington and an M.A. degree from Columbia University. Annie Wyant is associate director of the Passavant school. She is a graduate of the University of Virginia Hospital School of Nursing and has a B.S. degree from Columbia University.

Professors of the faculty of Northwestern Medical School will conduct the students' classes at the university. Doctors on the medical staff at Passavant, all of whom are also faculty members of the medical school, will deliver lectures as part of the nursing school curriculum.



### Prevent dangerous errors in blood typing

#### BROWN BLOOD BOARD

Eliminates errors in blood grouping, Rh typing, Rh sensitivity testing and cross matching for transfusion by combining the latest approved techniques into a simplified, organized procedure.... In emergency, permits accurate determinations by doctors or technicians not normally responsible for such testing.

The Brown Board outfit<sup>1</sup> consists of an etched and stamped metal plate on a hardwood base, with an Rh typing box<sup>2</sup>, adapters designed to hold any commercial anti-serum bottle, reagent bottles, test tubes, dropping pipettes and concavity slides for Rh typing. Adapters and reagent bottles are designed to permit one-hand removal and replacement of the dropping pipettes.

To eliminate errors, the reagent bottles, adapters and tubes are permanently marked in different colors which match the labelling and coloring of their respective positions in the Board; their sizes or shapes also differ, so that they can fit only in their own positions. A slot in the Board holds the Donor Card and Transfusion Request Form in front of the technician while tests are being made.

**Brown Blood Board**, complete with Rh typing box, anti-serum bottle adapters and accessories as follows:

**A-2800** Includes 3 each labelled, pipette stoppered bottles for Known A, Known B and saline solution; 3 doz. each labelled test tubes for anti-A, anti-B, Known A, Known B, donor cells, recipient cells; 6 doz. unlabelled test tubes; 1 gross dropping pipettes; 1 doz. four-concavity slides for Rh testing...each \$90.00

**A2801** Includes 1 each labelled, pipette stoppered bottles for Known A, Known B and saline solution; and 1 each labelled test tubes for anti-A, anti-B, Known A, Known B, donor cells, recipient cells...each \$56.00

1. "A Note on Blood Grouping and Cross Matching with Special Reference to a Convenient Grouping Cross Matching Board," I. W. Brown, Jr., M.D. In press.

2. "The Demonstration of Anti-Rh Agglutinins: An Accurate and Rapid Slide Test," L. K. Diamond, M.D., and N. M. Abelson, M.D. J. Lab. & Clin. Med., Mar., 1945.

**CLAY-ADAMS COMPANY, INC.**

141 EAST 25th STREET • NEW YORK 10

Showrooms also at 208 West Washington Street, CHICAGO 8, ILL.



### Hospital for Children to Be Built at Corpus Christi

CORPUS CHRISTI, TEX.—Plans for the Driscoll Foundation Hospital for Children to be built here at an estimated cost of \$2,250,000 were announced last month by foundation trustees. Eggers and Higgins of New York are consulting architects, and working drawings are now in process by C. H. Page and son of Corpus Christi.

Only hospital of its kind serving this area, the new institution will serve children up to 16 years of age, it was explained. Designed without a cashier's window, the hospital reflects the late Mrs. Clara Driscoll's wish that her estate be utilized for the benefit of sick children, even to meeting the cost of operation of the institution. Terms of the bequest permit acceptance of gifts for the hospital, but stress its aim of service without qualifications upon eligible children as to financial status, color, creed or religion, the trustees said.

The design seeks to give the children as natural and wholesome an environment as possible under the most modern hospital conditions. To achieve this, the facilities include such adjuncts as a school classroom for children obliged to remain in the hospital for any appreciable time. Recreation facilities are also provided so that the child may recover under the most favorable physical and psychological conditions.

The building is designed to accommodate 100 patients in the first project and to be expanded to 200 beds in the future. Of the first 100 beds, 50 are for convalescent patients and are in two nursing units at ground level. A large outdoor playground, untraversed by roads or other obstacles, adjoins the convalescent units.



# TRAY TRUCKS and WHEEL STRETCHERS

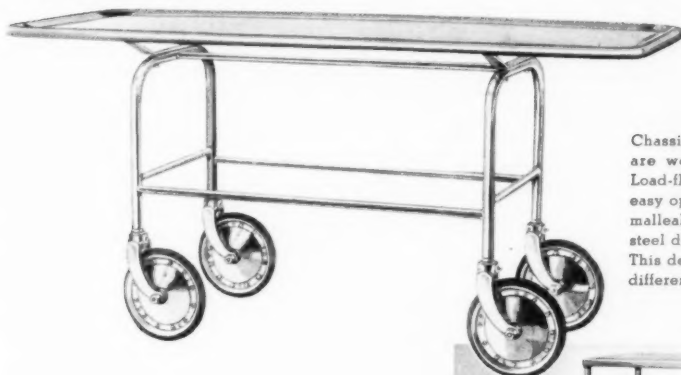
**Now Stainless Steel for Sanitation, Durability and Appearance**

**SANITARY**—easy to clean—no cracks or crevices to invite bacteria.

**DURABLE**—life-time finish, sturdy welded construction, rugged wheels and casters.

**MIRROR BRIGHT**—cheerful, rust-proof stainless steel.

And their performance is what you'd expect—smooth, quiet, effortless on load-floating COLSON wheels and casters.



Model 6872x22  
Stainless Steel Stretcher

Chassis, litter and bed all stainless steel. Joints are welded, ground smooth and polished. Load-floating COLSON casters assure quiet easy operation. Swivel caster forks are tough malleable castings; caster wheels are double steel disc type—with replaceable rubber tires. This deluxe wheel stretcher is one of over 40 different COLSON models.

Model 10—6332  
Stainless Steel Tray Truck

Corner posts are 1½" diameter stainless steel tubing. All joints are welded, ground smooth and polished—edges double thick for extra strength. Heavy-duty rubber bumper protects truck, other equipment and walls. Swivel type ball-bearing casters with cushion-rubber tires float heavy loads quietly—effortlessly. This deluxe tray truck is one of over 30 different COLSON models.



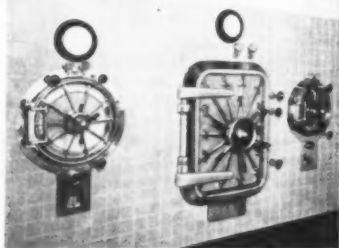
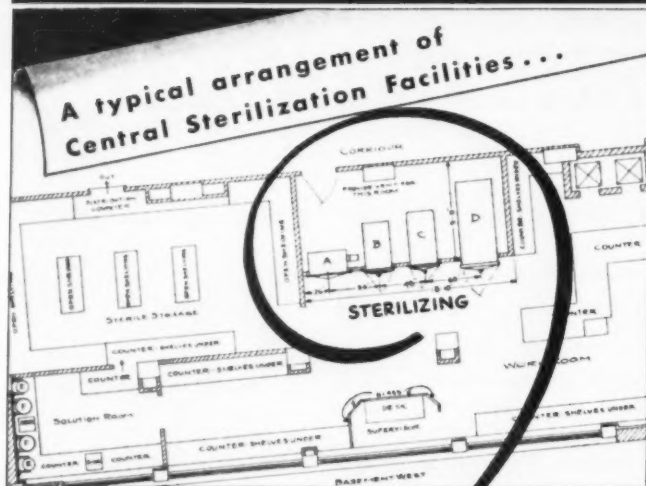
Write for catalog H-9 for details on the complete line of COLSON wheel equipment for hospital use, or consult the yellow pages of your phone book for the local COLSON office.

## THE COLSON CORPORATION

ELYRIA, OHIO

CASTERS • INDUSTRIAL TRUCKS AND PLATFORMS • LIFT JACK SYSTEMS • BICYCLES • CHILDREN'S VEHICLES  
WHEEL CHAIRS • WHEEL STRETCHERS • INHALATORS • TRAY TRUCKS • DISH TRUCKS • INSTRUMENT TABLES

## INVESTIGATE the ADVANTAGES of a CENTRAL SERVICE ROOM



**A Central Supply  
Service offers**

**SAFETY...  
CONVENIENCE,  
and ECONOMY**

**SAFETY IS INCREASED:** through uniformly simple procedures, proper sterilization of all supplies and equipment is assured under competent supervision.

**CONVENIENCE FOLLOWS:** floors are relieved of all sterilization work; equipment and supplies are kept ready for instant use in any part of the hospital.

**ECONOMY RESULTS:** much less equipment is needed because of centralization; inventories can be kept more easily; service work is done more efficiently.

Castle engineers do continuous research on the problems presented by all sterilization services in the hospital. They are glad to consult with you on your particular requirements . . . to show you, without charge or obligation, where and how to locate and equip your sterilizing facilities for efficient use.

**WRITE:** Wilmot Castle Co., 1175 University Ave., Rochester 7, N.Y.

**Castle** LIGHTS AND  
STERILIZERS

## NEWS...

outdoor playground, untraversed by roads or other obstacles, adjoins the convalescent units.

### Felix Lamela Heads Pan American Bureau Hospital Section

WASHINGTON, D.C.—A hospital section has been established by the Pan American Sanitary Bureau to deal with problems of hospital construction and administration, it was announced here last month. Felix Lamela was appointed chief of the new section, with offices at the bureau headquarters here.

The immediate program of activities includes organization of the Third Inter-American Institute for Hospital Administrators, which will be held in Rio de Janeiro, Brazil, in April of 1950, the announcement said. The Brazilian government, through its Ministry of Education and Public Health, has appropriated \$15,000 as a grant-in-aid to help cover the cost of organization of a short, intensive academic course of study for hospital administrators.

The new section has also been organized as a technical consultant office of the participating governments and will offer consultations concerning problems of surveying, planning, equipping, and modern methods of administration and management of hospitals, as requested by the ministries of health of the governments, it was reported.

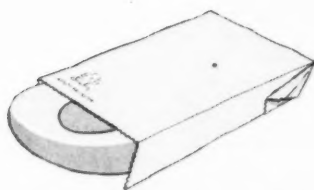
### Pathologists Will Discuss Hospital Contract Relations

CHICAGO.—Contract relationships between hospitals and pathologists will be the subject of a round table discussion at the annual meeting of the American College of Pathologists here October 11, Dr. M. G. Westmoreland, executive secretary, announced last month. Other topics of interest to hospitals scheduled for round table discussion include planning, contracting and equipping of modern laboratories and blood bank operation, Dr. Westmoreland said. Participants in the round tables will include James A. Hamilton, professor of hospital administration at the University of Minnesota; Dr. Robin C. Buerki, vice president in charge of medical affairs, University of Pennsylvania, and Dr. Herman Hilleboe, health commissioner for New York State.



# A SINGLE PAPER COVER WITH 8 PRACTICAL USES!

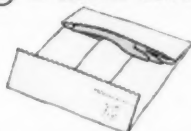
**CUTS LAUNDRY COSTS 8 WAYS**



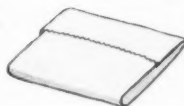
- ① NEW A.S.R. SANITARY UTILITY PROTECTOR**  
is a sturdy paper Bedpan Cover!



- ② A URINAL COVER!**



- ③ A GLOVE CASE FOR AUTOCLAVING!**



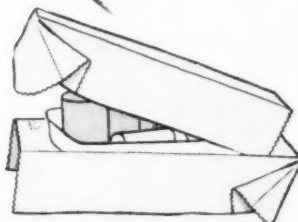
- ④ A DRAINAGE BOTTLE COVER  
FOR BEDSIDE USE!** Permits easy inspection by doctors.



**⑤**

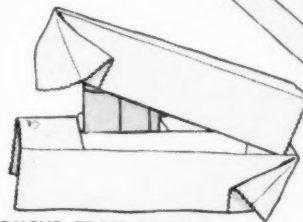


**A BEDSIDE NURSING  
BAG!** Holds several  
pounds.



- ⑥ A TREATMENT TRAY COVER!**

- ⑦ AN ENEMA TRAY  
COVER and Bed Protector!**



- ⑧ A DOUCHE TRAY COVER!**

Accepted and used by leading hospitals from coast to coast.

Quantity	PRICE LIST	Cost
One to four thousand .....		\$13.00 per thousand
Five to nine thousand .....		\$11.70 per thousand
Ten thousand and over .....		\$10.40 per thousand
Shipments of 10,000 or over—prepaid.		
For more details on above uses—write		
HOSPITAL DIVISION . . . AMERICAN SAFETY RAZOR CORPORATION, BROOKLYN 1, NEW YORK		



## NEWS...

### Name Six V.A. Area Medical Directors

WASHINGTON, D.C.—Six area medical directors have been appointed by the Veterans Administration to supervise hospitals and other V.A. medical matters in all parts of the country. Five will be stationed at V.A. key points, and a sixth will supervise medical and hospital activities in the Washington, D.C., area.

The key points were selected after the elimination of the 13 branch offices

where medical activities previously had been under the direction of branch medical directors. The supervisory functions of the former branch office medical staffs now are centered in the office of the chief medical director in Washington.

The area medical directors are: Dr. Frank B. Brewer, Atlanta, Ga.; Dr. Francis B. Carroll, Boston; Dr. Einar C. Andreassen, Fort Snelling, Minn.; Dr. Charles H. Beasley, St. Louis; Dr. Cyril H. C. Francis, San Francisco, and Dr.

Delmar Goode, stationed at central office in Washington.

### Sulfathiazole Removed From N.N.R.—A.M.A.

CHICAGO. — The American Medical Association's council on pharmacy and chemistry has withdrawn acceptance of sulfathiazole and sulfathiazole sodium, an announcement in the *A.M.A. Journal* stated last month. The council action was based on the fact that approximately 18 per cent of patients who receive sulfathiazole develop untoward reactions, such as fever, rash, acute leukemia, leukopenia and other manifestations of toxicity, it was explained.

"Further question of the need for continuing acceptance of sulfathiazole was raised in view of the fact that less toxic sulfonamide drugs, and penicillin and streptomycin, are now available," the *Journal* stated. "In conformance with its policy of withdrawing acceptance of a toxic drug when a less toxic but equally effective agent becomes available, the council voted to omit sulfathiazole and sulfathiazole sodium from the 1949 edition of New and Nonofficial Remedies."

In addition, it was explained, there are at present a number of sulfonamide mixtures containing sulfathiazole or sulfathiazole sodium. The council decided that such mixtures involved risk of the danger which led it to omit the drug itself from N.N.R., and therefore declared mixtures of sulfathiazole or sulfathiazole sodium with other agents unacceptable.

### Two-Way Radio for Ambulances

NEW YORK.—Installation of two-way radio communication for city ambulances was announced here last month by Dr. Marcus D. Kogel, commissioner of hospitals.

Dr. Kogel said the radio system would be operated on an experimental basis in some of the city's 35 emergency ambulances.

The system is aimed at reducing time lost following the report of an accident and reception of the patient at city hospitals. The department of hospitals is working with the police department in setting up the system, Dr. Kogel explained.



## IS THIS A GOOD TIME TO RAISE FUNDS?

Many hospital administrators and Boards of Trustees are expressing concern these days when the subject of raising money from the public is before them. They honestly wonder whether economic conditions warrant an appeal to the public at this time.

The answer is that the American economy is basically healthy. It is a far more prosperous economy than that of the period when many of our voluntary hospitals were established and constructed with the gifts of the public. There always will be gloomy men who predict disaster at news that the price of butter has fallen two cents. But America did not grow because of the predictions or the efforts of such men. America's voluntary hospitals were not built with the gifts of such men.

America and its hospitals were built by men who had courage and faith and the will to go forward. America is today the greatest nation in the world because the masses of her people were men of faith and courage and generosity. It is to them that voluntary hospitals always have looked for support and it is to them we can look today.

We recently conducted a campaign to raise \$1,000,000 in the Lawrence, Massachusetts, area. The total raised was \$1,130,000. There were 22,000 men out of work in the area during the campaign. Campaigns under our direction have reflected no more reluctance to give in the past few months than normally is expected. Success is dependent far more on the need for the hospital's services and its relations with the community than on the minor fluctuations our economy has experienced recently. Success is dependent far more on the competence of the Campaign Directors than on the gloomy predictions of pessimists.

Is this a good time to raise funds? It most certainly is. If you have a real and demonstrable need for the funds, if you will work diligently for your cause and if you will obtain competent campaign direction. Such campaign direction is provided by this firm. Why not investigate our services today?

An illustrated brochure, "Fund Raising," is available without obligation upon request to Department F-10.

## B. H. Lawson Associates

— INCORPORATED —

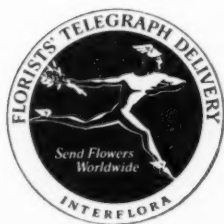
307 Sunrise Highway

Rockville Centre, New York



**"Wonderful care, Beautiful FLOWERS  
... I never had it so good!"**

It's true, fine nursing and friendly FLOWERS bring  
*so much* cheer and comfort to a convalescent man.



**Only Minimum Handling Necessary**  
Most F. T. D. members deliver hospital  
FLOWERS in vase containers filled with long-  
lasting, chemically treated water.

FLORISTS' TELEGRAPH DELIVERY ASSOCIATION, 149 Michigan Avenue, Detroit 26, Michigan

## How **SPEED** helps a hospital help you



**Vital drugs** often come from scattered sources. And they must be fresh. Hospitals solve this problem and give you better service with the speed of Air Express. For example: 5-lb. drug carton picked up at 3:30 P.M. 700 miles away, delivered to hospital 9:20 P.M. same day. This speed saved a life—cost only \$1.63!



**Only \$1.63**—and door-to-door service included at no extra cost! Speedy pick-up and delivery, plus Airline speed, make low-cost Air Express the world's fastest shipping service.



**Air Express goes on every flight of Scheduled Airlines.** No waiting; coast-to-coast shipment overnight. Direct service to over 1000 airport cities, air-rail for 22,000 off-airline offices.

### **FACTS on low Air Express rates**

19 lbs. of replacement parts goes 1200 miles for \$7.00.  
10 lbs. of fresh-cut flowers goes 600 miles for \$2.24.  
(Every kind of business finds Air Express pays.)

**Only Air Express gives you all these advantages:** Special pick-up and delivery at no extra cost. You get a receipt for every shipment and delivery is proved by signature of consignee. One-carrier responsibility. Assured protection, too—valuation coverage up to \$50 without extra charge. Practically no limitation on size or weight. For fast shipping action, phone Air Express Division, Railway Express Agency. And specify "Air Express delivery" on orders.

**SPECIFY AIR EXPRESS**



**GETS THERE FIRST**

Rates include special pick-up and delivery door to door in principal towns and cities



**AIR EXPRESS, A SERVICE OF RAILWAY EXPRESS AGENCY AND THE SCHEDULED AIRLINES OF THE U.S.**

## **NEWS...**

### **COMING MEETINGS**

**AMERICAN COLLEGE OF SURGEONS,** Clinical Congress and Hospital Standardization Conference, Stevens Hotel, Chicago, Oct. 17-21.

**ASSOCIATION OF CALIFORNIA HOSPITALS,** Recreation Center, Santa Barbara, Nov. 17, 18.

**FLORIDA HOSPITAL ASSOCIATION,** Wyoming Hotel, Orlando, Nov. 28, 29.

**ILLINOIS HOSPITAL ASSOCIATION,** Springfield, Nov. 30-Dec. 2.

**KANSAS HOSPITAL ASSOCIATION,** Jayhawk and Kansas Hotels, Topeka, Nov. 10, 11.

**MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION,** duPont Hotel, Wilmington, Del., Nov. 14-15.

**MICHIGAN HOSPITAL ASSOCIATION,** Pantlind Hotel, Grand Rapids, Nov. 6-8.

**MISSISSIPPI HOSPITAL ASSOCIATION,** Buena Vista Hotel, Oct. 20, 21.

**NATIONAL SAFETY CONGRESS AND EXPOSITION,** Oct. 24-28, Chicago.

**NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS,** Commodore Hotel, New York City, Nov. 7-9.

**NEBRASKA HOSPITAL ASSEMBLY,** Paxton Hotel, Omaha, Nov. 17, 18.

**OKLAHOMA STATE HOSPITAL ASSOCIATION,** Hotel Tulsa, Tulsa, Nov. 17, 18.

**ONTARIO HOSPITAL ASSOCIATION,** Royal York Hotel, Toronto, Oct. 31-Nov. 2.

**SOUTHEASTERN SOCIETY OF HOSPITAL PHARMACISTS,** New Orleans, Oct. 15, 16.

### **1958**

**AMERICAN HOSPITAL ASSOCIATION,** Mid-Year Conference of Presidents and Secretaries, Drake Hotel, Chicago, Feb. 10, 11.

**ASSOCIATION OF WESTERN HOSPITALS,** Olympic Hotel, Seattle, April 24-27.

**BOARD OF METHODIST HOSPITALS AND HOMES,** Congress Hotel, Chicago, March 1, 2.

**IOWA HOSPITAL ASSOCIATION,** Hotel Savery, Des Moines, April 21.

**MIDDLE ATLANTIC HOSPITAL ASSEMBLY,** Memorial Auditorium and Convention Hall, Buffalo, N.Y., May 24-26.

**MID-WEST HOSPITAL ASSOCIATION,** Municipal Auditorium, Kansas City, April 12-14.

**NEW ENGLAND HOSPITAL ASSEMBLY,** Hotel Statler, Boston, March 27-29.

**OHIO HOSPITAL ASSOCIATION,** Neil House, Columbus, March 22-24.

**SOUTHEASTERN HOSPITAL CONFERENCE,** April 5-7.

**TEXAS HOSPITAL ASSOCIATION,** Buccaneer Hotel, Galveston, March 7-9.

### **Starts Nurses' Residence**

**CHICAGO.**—Construction was undertaken last month on a new six-story nursing residence at the Oak Forest Infirmary which is part of the Cook County Hospital system. William N. Erickson, president of the Cook County Board of Commissioners, was one of the speakers at cornerstone ceremonies on the hospital site September 15.

The new building will contain 130 single rooms in addition to recreation, administration and service facilities.



## as one "specialist" to another . . .

We've always admired the modern hospital's constant efforts to improve its curative, healing and preventive techniques. Old methods are scrapped as soon as better ones are discovered . . . you never rest on your laurels.

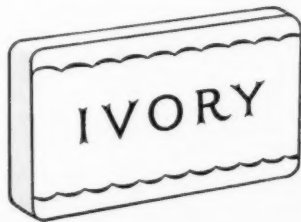
"How can we make it better?" has been the guiding principle, too, with the makers of Ivory Soap for the past 70 years. And today's Ivory is evidence of the worthwhile results of this constant search for improvement.

Ivory's high standard of purity and mildness remains unchallenged—today as in the past years. But today's Ivory is actually a finer Ivory in several ways.

Today's Ivory lathers up in one-third less time—even in hard water. It produces more lather with no more effort . . . a longer lasting lather. Finally, today's Ivory is handsomer than ever and easier to handle.

As one specialist to another, we believe that Ivory is indicated for your hospital.

IVORY SOAP . . .  
99<sup>44</sup>/<sub>100</sub> % Pure  
IT FLOATS



*Procter & Gamble*

Pure, mild, rich lathering Ivory Soap is available for hospital use in the popular unwrapped 3-ounce size, as well as in smaller sizes, wrapped or unwrapped. Today's Ivory is finer than ever—richer lathering, handsomer, easier to handle.

**MORE DOCTORS ADVISE IVORY SOAP THAN ALL OTHER BRANDS TOGETHER**



## NEWS...

### New York Council Analyzes Hospital Staff Appointments of Negroes

NEW YORK. — According to a study made by the Hospital Council of Greater New York, there were 225 licensed Negro physicians registered to practice in New York City on Jan. 1, 1948. Of this group, constituting 1.3 per cent of all physicians in the city, 207 were male physicians and 18 were female. "The practice of medicine by Negro physicians," the council bulletin commented

last month, "is not confined to a single area."

The council's analysis of the hospital staff appointments of Negro physicians showed that 170, or 75.6 per cent, of the Negro physicians had at least one hospital appointment as compared with 69.9 per cent for all physicians. These Negro doctors held 258 appointments distributed among 32 hospitals in this city—17 voluntary, eight municipal and seven proprietary. Of the total appointments, 59 were in voluntary hospitals,

127 in municipal hospitals, and 72 in proprietary hospitals.

"The practical solution to the problem of hospital staff appointments for the Negro doctors is not to be found in the concentration of opportunities in one or two hospitals, but rather in the widest possible distribution of these opportunities in hospitals throughout the city," the bulletin stated. "The fact that there are many more hospitals in this city which could extend staff appointments to Negro physicians offers an excellent opportunity to attain this solution. The thought has been expressed by some Negroes and others that separate hospital facilities should be provided for Negro physicians. From many standpoints this concept does not appear to be feasible."

Pointing out the importance of improved educational background and training of the physician, the study showed that a high percentage of younger Negro physicians have hospital appointments. "Almost 94 per cent of all Negro physicians under 40 years of age have some type of hospital appointment," the report said. "Only 70.7 per cent of all physicians in the same age group enjoy similar appointments. It is only among the age groups of 50 years and over that Negroes with hospital appointments are proportionately fewer than in the group as a whole."

"The conclusion might be drawn that hospital staff opportunities for Negro doctors in New York City are greater than, or at least equal to, those for all physicians in the area. That this is not the case is evident from more detailed analyses." An analysis of staff appointments showed that 104, or 46.2 per cent, of the 225 Negro physicians had staff appointments which permitted them to care for their own private patients. The comparable figure for all physicians with this privilege was 61.1 per cent.

"A striking contrast exists," the bulletin pointed out, "between Negro physicians as a group and all doctors, insofar as the nature of their hospital connections concerns private patient privileges." In the group with these privileges, 54.8 per cent of the Negro physicians had the appointment in proprietary hospitals only, while 8.1 per cent of all physicians depended solely on proprietary hospitals. Of the 72 Negro physicians who had private patient privileges in a proprietary hospital, it was reported, 58 were connected with one small institution which is now closed. "For 46 of these

# Central SUPPLY SYSTEM

THE  
MODERN  
METHOD  
FOR  
OXYGEN  
THERAPY

**Proved in use as the most efficient and economical method for oxygen therapy. Available for planned or existing hospitals. The Puritan Engineering Department stands ready to assist you - write to us regarding your specific requirements.**



Puritan Compressed Gas Corporation

Send for your copy of this new circular describing PURITAN Central Supply Systems and equipment.

## PURITAN COMPRESSED GAS CORPORATION

PURITAN DEALERS IN MOST PRINCIPAL CITIES

BALTIMORE ATLANTA BOSTON CHICAGO CINCINNATI DALLAS  
DETROIT NEW YORK ST. LOUIS ST. PAUL KANSAS CITY

Puritan Model - Anesthetic, Resuscitating and Therapeutic Gas, and Gas Therapy Equipment



# Parenamine<sup>®</sup>

## 15%

**Intravenous  
Amino Acids**

High potency  
parenteral amino acids  
for intravenous replacement  
of protein lost through  
burns, injury, surgery,  
gastro-intestinal disease,  
and inanition.

Supplied  
in 100 cc.  
vials

*Winthrop-Stearns* INC.  
NEW YORK 13, N. Y. WINDSOR, ONT.

PARENAMINE, trademark reg. U. S. & Canada

## NEWS...

doctors this particular hospital was the only known resource for hospitalizing their private patients," it was explained.

Forty-seven Negro physicians had private patient privileges in 16 voluntary hospitals. "Thus it is apparent," the council noted, "that the Negro physician depends largely upon proprietary hospitals for private patient privileges." The study further revealed that among the 104 Negro doctors who had private patient privileges, there were 34, or 32.7 per cent, who had no regular staff appointment

ment in a voluntary or municipal hospital, while only 16.4 per cent of all doctors with private patient privileges had no regular staff appointment in a voluntary or municipal hospital.

The analysis also showed that over 75 per cent of the Negro doctors with regular staff appointments had these in municipal hospitals only, whereas the corresponding percentage for all doctors in the city was 17.9. Of the 103 Negro doctors with municipal hospital appointments, 88 were connected with one in-

stitution. The remaining 15 were on the staffs of five municipal general hospitals. An additional 21 Negro physicians had appointments in both municipal and voluntary hospitals.

"It is noteworthy," the bulletin commented, "that 124 of the Negro physicians in New York had appointments in municipal hospitals. Appointments in these hospitals are most desirable because they provide the greatest opportunity for the training and continued education of the physician. The concentration of appointments in one municipal hospital is understandable, as many of the Negro physicians are located in the area of that particular hospital. More opportunities in municipal hospitals appear possible since, at the time of the study, six of the municipal hospitals did not have Negro physicians on their staffs."

Only 33 Negro doctors had a regular staff appointment in a voluntary hospital, the report indicated. This number constituted 24.3 per cent of all Negro physicians having regular appointments, while among the doctors as a whole the comparable percentage was 82.1.

The regular staff appointments for the 33 Negro physicians were distributed among 13 of the voluntary general care hospitals in the city, it was revealed. The majority of these appointments were in one hospital, Sydenham Hospital, which has since become a municipal hospital. Mt. Morris Park Hospital, which now provides opportunities for many Negro physicians, was not in existence at the time of the analysis, the council stated.

The council also noted that a staff appointment which provides opportunities for a physician to care for ward or outpatients, and at the same time offers him the privilege of treating private patients, is the most desirable. In general, this situation exists in voluntary hospitals only, it was explained. Among Negroes this combined appointment was held by 32 doctors, 23.5 per cent of the 136 who had regular staff appointments, or only 14.2 per cent of all Negro doctors. On the other hand, among all doctors in the city, 8,241 out of 10,602 with regular appointments (77.7 per cent) had this type of appointment in at least one voluntary hospital. The doctors with this combined appointment, therefore, constituted nearly half (46.6 per cent) of the total number of physicians in the city, a percentage more than three times

### a major advance in the handling of Medical Gases

Oxygen outlet installed in wall box. Notice how simple it is to plug in with Schrader Check Unit and its Safety-Keyed Adapter. A twist of the sleeve disconnects hose, automatically shutting off supply.



The increasing use of oxygen, nitrous oxide, compressed air, and vacuum in hospitals makes services piped from a central source desirable, if not imperative.

Such systems, originating in England, are spreading through America. They have many advantages besides convenience and availability, not the least of which are greater reliability, greater effectiveness, and lower costs.

Schrader has developed, for companies manufacturing gas distribution equipment, a set of connections which now make it possible to plug in on a

gas supply as easily as you plug into an electric outlet. Schrader supplies to these manufacturers Connections "Keyed for Safety." Each service—oxygen, nitrous oxide, compressed air, and vacuum—has its own ingeniously keyed check units (receptacles) and adapters (plugs), so that it is impossible to plug into the wrong service.

Information on piped services with Schrader accessories may be readily obtained from your source for medical gas equipment, or by writing directly to Schrader.

**Schrader**

PRODUCTS  
CONTROL THE AIR

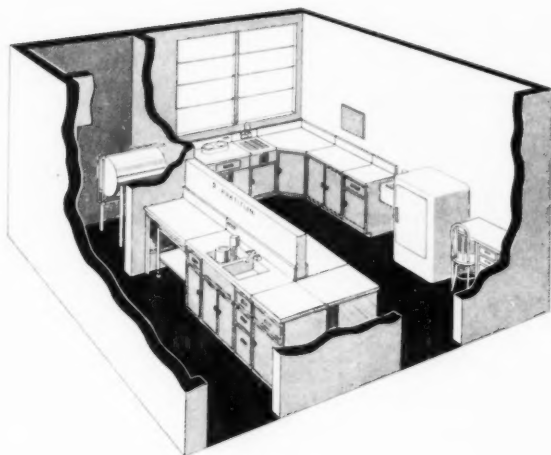
**A. SCHRADER'S SON**

Brooklyn 17, New York

Division of Scavill Manufacturing Company, Incorporated

# moduline

**meets every hospital need**



## MILK FORMULA ROOM FOR A GENERAL HOSPITAL

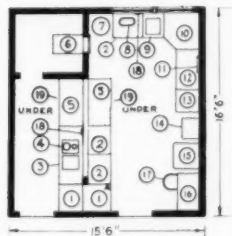
### EQUIPMENT LEGEND

#### GROUP 1 (FIXED)

1. 85L-24D—Drawer-Cupboard Unit without Splashback
- 1a. 85L-24DSS—Drawer-Cupboard Unit with Special-Depth Top
2. 85L-D35—Table Top Units with 85K-27 Legs (3 Pts. Required)
3. 85L-72AS—Double Sink Unit
5. 85C-47—Counter Top Units with 85K-27 Legs (2 Pts. Required)
6. 85L2238M—Milk Formula Sterilizer
9. 85L-24AS—Sink Unit with Stainless Steel Grill
10. 85L-39—Corner Unit
11. Bulletin Board
12. 85L-35—Cupboard Unit
13. 85L-24D—Drawer-Cupboard Unit
14. Lavatory
18. 85ES-2—Electrical Duplex Plug Strip

#### GROUP 2 (NOT FIXED)

4. Olson Bottle Washer
7. 85P6398AL—Waste Receptacle—Silver lustre Finish
8. 85P5363—Double Element Hot Plate
15. Refrigerator
16. 85P6238—Nurses' Desk—Silver lustre Finish
17. 85P6327AL—Chair—Silver lustre Finish
19. 85P6356—Milk Cart



the most modern  
hospital furniture  
in the world

With Moduline you can provide furniture for your milk formula room, nurses' stations and laboratory rooms, that will meet your needs for years to come. Moduline, by Aloe, is styled for tomorrow. It comes in architecturally approved widths and depths so that custom-built facilities may be developed from standard Moduline units. Here are some characteristic details: concealed hinges, baked steel finishes with stainless steel table tops. Utilities can be top or splashback mounted. Write for special booklet T-300 and learn how Moduline can meet your furniture needs.

*Special Schematic Layouts for Hospital installation available on request.*

**a. s. aloee company** One source for the hospital buyer.

1831 Olive Street \* St. Louis 3, Missouri





## HERE ARE THE ANSWERS TO YOUR VENTILATING PROBLEMS

**Write for these authoritative new Emerson-Electric  
Bulletins today . . . no obligation!**

These new, helpful, Emerson-Electric Bulletins contain practical information on ventilation for plants, offices, and institutions . . . based on Emerson-Electric's 59 years of experience as a leader in the field. They give you suggestions for planning effective fan installations, together with complete product information on dependable Emerson-Electric Exhaust Fans and Air Circulators.

Remember—proper ventilation *pays*—in terms of increased efficiency, higher morale, satisfied customers. Send the handy coupon for your copies today!

### FREE!

Without obligation, send me the Emerson-Electric Bulletin(s) checked, together with current price lists:

- ☐ No. T-503A Air Circulators  
☐ No. T-503B Exhaust Fans

Att. Mr. \_\_\_\_\_  
Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

THE EMERSON  
ELECTRIC MFG. CO.  
St. Louis 21, Mo.

**EMERSON ELECTRIC**  
MOTORS • FANS APPLIANCES

## NEWS...

as great as that for Negro doctors, the report said.

"This analysis indicates that the staff opportunities for Negro physicians are limited," the report concluded. "Many of the limitations to which the Negro physician is subjected apply to many other physicians who do not have hospital appointments. It is evident that a greater number of hospitals must extend staff privileges to Negro physicians before an effective program can be realized. The 32 hospitals which have extended staff appointments to Negro physicians have pointed the way to the solution of the problem. As a community resource, the hospital should be available not only to the patients but also to the doctors who care for them."

### Male Volunteers Complete Six Years of Service

MORRISTOWN, N.J. — A group of male hospital volunteers has been serving the Morristown Memorial Hospital here continuously for six years, the annual report of the group revealed. The report, which describes the activities of the Morristown Memorial Hospital Corpsmen, was published here last month.

Two corpsmen have been on duty at the hospital from sunset until dawn every night for six consecutive years, the report stated. The corpsmen started in September 1943 as a unit of the United States Army Ambulance Corps, which was set up during World War I and reorganized for service in hospitals throughout the country at the onset of World War II, it was explained. After the war, the hospital group reorganized as the Morristown Memorial Hospital Corps and continued without any break in service.

During their 12 hour nightly duty, corpsmen drive Memorial's two ambulances and, in addition, assist the doctors and nurses in numerous ways, particularly in giving prompt and efficient care to emergency patients, the report said.

The standards of eligibility maintained by the corps are shown by mention in the report that "Eight applications were received for membership. Three were accepted, three were denied and two are pending." During the last year the by-laws of the corps were amended to increase the probationary time from 50 to 100 hours, it was added.



# Johns-Manville Floorings—

## THERE ARE TWO!



J-M ASPHALT TILE



J-M TERRAFLEX

### 1. J-M ASPHALT TILE...

*Modest in price... standard of quality for decades!*

### 2. AND J-M TERRAFLEX...

*New plastic-asbestos tile—nearest approach to an ideal all-purpose flooring ever developed!*

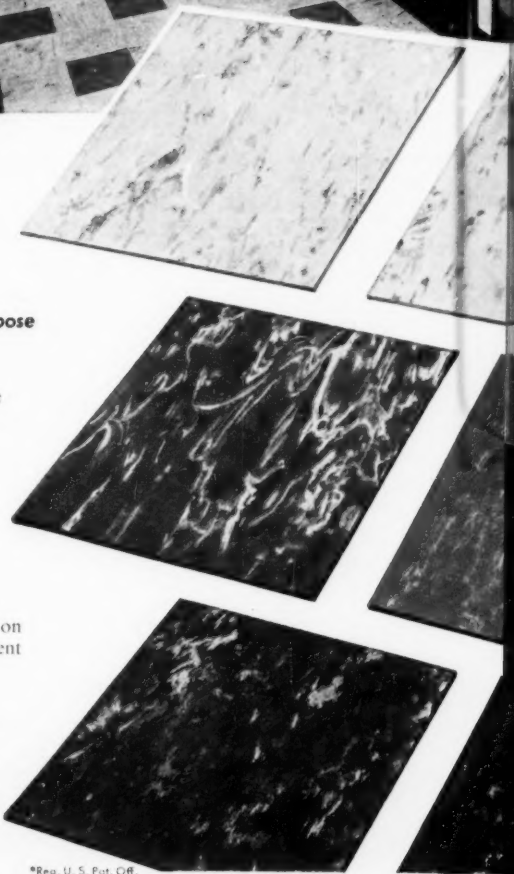
• When you want a quality floor covering at *low initial cost*, you have every reason for preferring J-M Asphalt Tile. It is long-wearing, easy to maintain, and the units come in a wide range of attractive colors. Today asphalt tile is the most widely used and accepted floor covering for all types of commercial and institutional buildings!

**BUT**, when your preference is for the *best* there is, look to Terraflex! It is the revolutionary *new* flooring made of *plastic-asbestos*, pioneered and developed by Johns-Manville. Terraflex will outwear all other types of decorative flooring *two to one*. The resilient tile-like units are *unaffected* by greases, oils, alkaline moisture. They come in clearer, brighter colors... can be safely used on concrete floors in contact with the ground... withstand normal movement of wood sub-floors without breaking.

Whether you select J-M Terraflex or J-M Asphalt Tile, your flooring choice will be on a firm foundation. See your J-M Approved Flooring Contractor, or write for our new flooring brochures, Johns-Manville, Box 290, New York 16, N. Y.



**Johns-Manville**

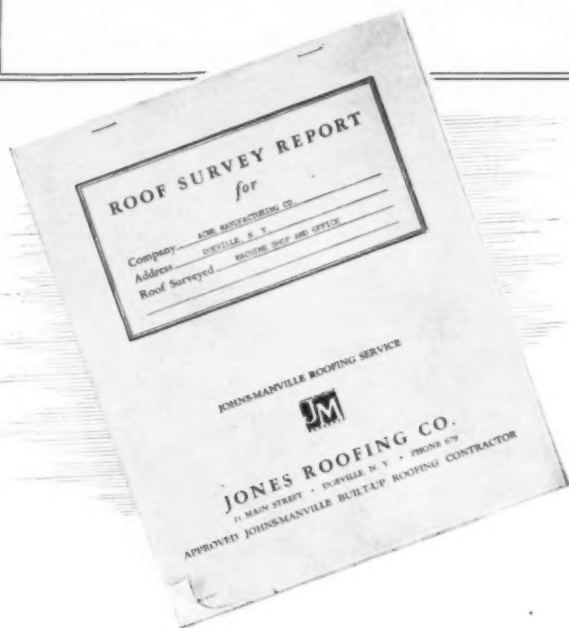


\*Reg. U. S. Pat. Off.

OTHER J-M PRODUCTS: Acoustical Ceilings—Transite\* Movable Walls—Corrugated Transite\*—Flexstone\* Built-Up Roofs—etc.

## Now You can get an Exact Report on the condition of your Roof!

This free Johns-Manville service  
helps you plan your maintenance budget,  
avoid unforeseen roofing expense



### Men in charge of hospital maintenance say:

"It provides an accurate record  
of our roofs"

"It helps us plan our maintenance  
budget"

"Foretells unforeseen expenses"

Take advantage of this *free* Johns-Manville service to find out the exact condition of your hospital roofs. It will enable you to make plans *now* for repairs and maintenance in the future.

That's what plant engineers and maintenance executives *like* about the J-M Roof Survey Plan.

Don't take *your* roof for granted, even though it doesn't *seem* to be leaking. Many a roof with torn flashings, dried-out felts, even rotted decks has been *assumed* to be in "good condition."

The Roof Survey Report will cover all the critical areas of your roof... flashings, deck, roofing felts, parapet walls, skylights, etc. It will be an accurate picture by a roofing *expert*—the J-M Approved Built-Up Roofing Contractor. And it will cost you only the trouble of *asking* for it.

Let us send you the interesting booklet, "Things You Should Know About Your Roof." It gives complete information about the *free* J-M Roof Survey Plan, together with the full story of the Johns-Manville Flexstone® Asbestos Roof. Write Johns-Manville, Box 290, New York 16, N. Y.

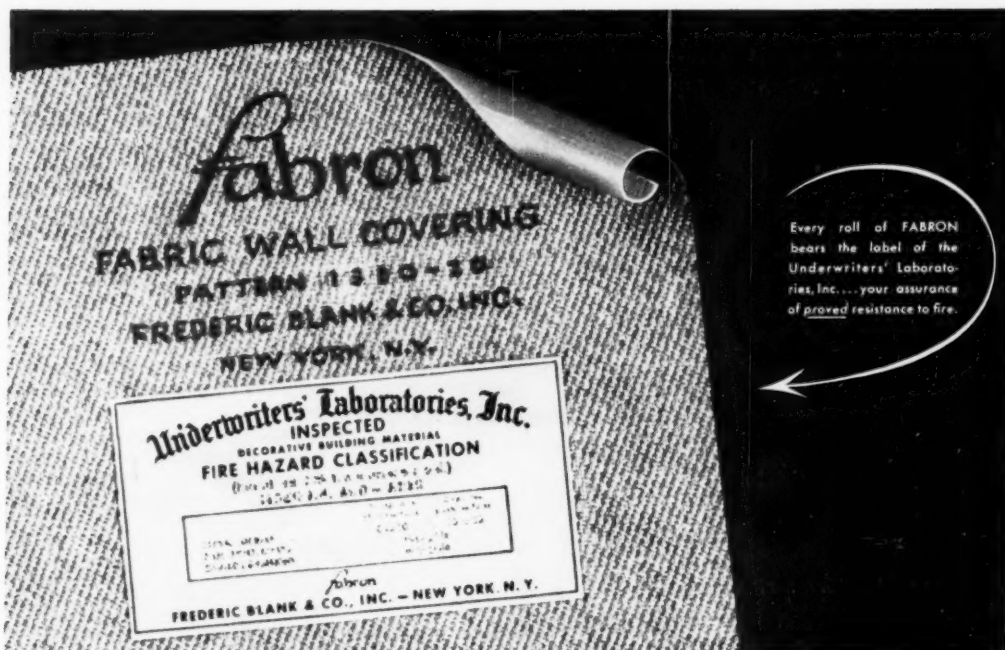
Reg. U. S. Pat. Off.

Made of ASBESTOS

# Johns-Manville **FLEXSTONE** Built-Up Roofs

CORRUGATED TRANSITE® • ACOUSTICAL CEILINGS

DECORATIVE FLOORS • TRANSITE WALLS • ETC.



## When considering fire - prevention measures... what about your wall treatment?



FITKIN MEMORIAL HOSPITAL, Neptune, N. J.

A. W. ECKERT, Administrator

FERRENZ & TAYLOR, Architects;

NEERGAARD & CRAIG, Hospital Consultants;

GEORGE A. FULLER COMPANY, General Contractors.

FABRON, first used at this hospital in 1942, was included in original specifications for the new wing in which it has been installed throughout. One of more than 1000 hospitals using FABRON.

NATIONAL FIRE PREVENTION WEEK—OCTOBER 2-8

*Stop Fire ... Save Lives!*

The emphasis today is on fire-safety. Anything which may help retard the spread of fire is worth your serious consideration. Among wall coverings, FABRON *alone* bears the label of the Underwriters' Laboratories, Inc., sponsored by the National Board of Fire Underwriters. It is the only decorative wall treatment that combines fire-spread prevention and low cost maintenance with the ability to eliminate periodic redecorations through complete washability, easy repairability and prevention of plaster cracks. Moreover, FABRON's permanence conserves room income and, when its cost is figured on a "per year of service" basis, it is by far the most economical wall treatment available. Thus its fire-prevention feature is a "bonus" which costs not one penny more!

Before you decorate or redecorate with treatments not possessing *recognized* fire-resistance, investigate FABRON. Our estimating service will be glad to submit appropriate samples and to estimate the cost, within your present decorating budget.

FREDERIC BLANK & CO., INC. • Est. 1913 • 230 PARK AVE., NEW YORK 17, N.Y.  
Represented in Canada by The Robert Simpson Company Limited—Special Contract Division

**Fabron®**  
—the fabric-plastic-lacquer wall covering for hospitals.



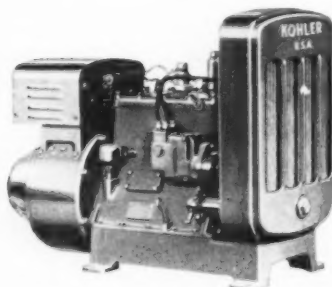
St. Francis Hospital, Wichita, Kansas

## Safeguard lights, essential equipment, against power failure with a stand-by **KOHLER** Electric Plant

Suppose a storm or accident should suddenly cut off your central station electricity supply. Without a stand-by source of current you might be without lights during a major surgery. Interrupted use of sterilizers, X-ray machines, signal systems, circulating pumps and heating system might cause danger, suffering and confusion among patients and staff.

At St. Francis Hospital, Wichita,

Kansas, a 10 KVA Kohler Electric Plant gave notable service only two months after installation. A storm caused power failure during two intervals of many hours each. During these periods two major operations were performed and three babies were born, with the use of electricity generated by the Kohler unit for lighting and other necessary services in operating and delivery rooms. Additional emergency lighting was provided for the main boiler room and other key points. There was no delay, for the moment central station service stopped, the Kohler Electric Plant took over the load. Dominic Babich, supervisor, and Leslie Davis, chief engineer, expressed hearty approval for the safety and convenience of this Kohler installation.



Model 3A21, 3 KW, 115 volt AC. Automatic start and stop. Length 41", width 16", height 27 1/4".

Kohler Electric Plants range from 350 watts to 10 KW. They require little space and can easily be installed. Write for folder E-16. Kohler Co., Kohler, Wisconsin.

# KOHLER OF KOHLER

PLUMBING FIXTURES • HEATING EQUIPMENT • ELECTRIC PLANTS

## NEWS...

### Norwegian Hospital Will Launch Building Campaign for \$750,000

BROOKLYN, N.Y. — The Norwegian Hospital here will launch a building fund campaign for \$750,000, it was announced last month by Charles E. Larsen, president of the hospital. The project is planned to add a new wing to the main hospital, to increase present patient facilities, and to obtain necessary additional equipment for the institution, it was explained. The new wing will include maternity facilities, which now are operated at the Sister Elizabeth Memorial annex, located six blocks from the hospital. It is planned then to use the vacated annex for the chronically ill and incurable, a service at present non-existent in the area.

Founded in 1883 by Norwegian immigrants, the Norwegian Hospital was the first hospital building in what is now known as the Bay Ridge section of Brooklyn and the first hospital to be erected by people of Norwegian blood in America, Mr. Larsen said. The institution has grown steadily from a few beds in a small rented house to care for sick Norwegian seamen and resident immigrants to a community hospital, he added.

### Hold Institute for Government Hospital Heads

WASHINGTON, D.C.—The first government hospital managers' training institute will be conducted here by the Veterans Administration October 3 to 21, with trainees from six U.S. government departments attending, the V.A. announced last month. In addition to V.A., which operates 130 hospitals, the participating agencies are the Army, Navy, Air Force, Public Health Service, and the Indian Service, the announcement said. Hereafter, it was explained, the institute will be held twice yearly, in February and October.

The program will be patterned after one which was presented by the V.A. department of medicine and surgery last February, it was reported. At that time, other government agencies operating hospitals asked for and were granted permission to have observers at the various sessions.

In establishing the first managers' training institute, V.A. medical officials recognized that hospital administrative

# Prescription FOR BUILDING

**Rx** Savings in basic construction costs  
Improved lighting and ventilation

• "Just what the doctor ordered"—There's no better way to describe the two important ingredients Ceco supplied in the building prescription for Milwaukee's new Medical Arts Building. First requirement was a saving in basic construction costs. That's where Ceco steelforms met the test, because they reduce the amount of concrete needed for any span or live load. Less lumber is required too. And since Ceco steelforms can be moved from job to job—floor to floor—they can be used time and again for a nominal rental charge. Then when improved lighting and ventilation were prescribed, Ceco filled the bill again with Architectural Projected windows. For here is a window that truly provides maximum light plus controlled ventilation. Slender frames and muntins mean less obstruction, providing up to 60% more light area. And, since the ventilators can be moved and adjusted to any desired degree, there is positive ventilation control at all times. Why not call in a Ceco engineer to help you with your hospital or medical building problem?

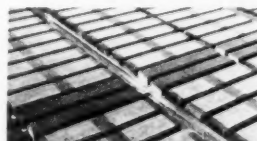


Kirby L. Goodman, Inc., contractors

Mendel Glickman, designer and engineer



Ceco Architectural Windows feature 1½" returns, permitting plastering... allowing attachment of blinds. Strong—frames are 1½" deep, ventilators 1½" deep. Bondarized.



Here is illustrated Ceco-Mayer steelforms completely erected on an open wood centering, ready for placement of Ceco reinforcing steel.

**CECO  
STEEL**

**CECO STEEL PRODUCTS CORPORATION**

General Offices: 5601 West 26th Street, Chicago 50, Illinois

Offices, warehouses and fabricating plants in principal cities

*In construction products* **CECO ENGINEERING** *makes the big difference*



## NEWS...

practices had not kept pace with progress in the field of professional medical care in the V.A., it was explained. "Professional progress alone cannot achieve the standard of service which it is desired to give to the hospitalized veterans," Dr. E. H. Cushing, assistant medical director in charge of the research and education service, stated. "Recognizing this factor, the research and education service decided to take the lead in promoting better management practices through a training program to be di-

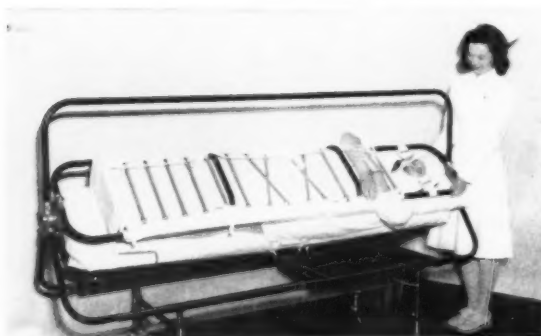
rected at the highest autonomous level of operating personnel—the hospital manager."

The training program is designed primarily to improve the experienced administrator's knowledge of up-to-date personnel management practices and executive leadership, the announcement stated. "Operation of a large, modern hospital presents many management problems," Dr. Cushing said. "This program will give the manager the tools to cope with such problems."



### TURNING FRAMES

*In immobilization, the smallest  
nurse can turn the largest patient  
with utmost ease and safety.*



A new development in the treatment of immobilized patients, the Stryker Turning Frame is essential equipment for the modern hospital. While held gently but firmly between the two frames of this unique device, any patient can be quickly turned by one nurse. One frame is removed after turning, and the other, covered with taut canvas and pad, provides a smooth, comfortable resting surface. Lying on the anterior frame, the patient can read, write and feed himself with ease. In cases of pelvic, intertrochanteric or cervical fractures, either end of the frame can be elevated to provide continuous traction throughout the turning process. Built of the finest materials, and widely accepted by orthopedists, gynecologists and neurosurgeons, the Stryker frame saves valuable nursing time and increases the comfort and well-being of the patient.

• You are invited to write for complete information.

**ORTHOPEDIC FRAME COMPANY KALAMAZOO MICHIGAN**

The training program comprises three phases, it was explained. The first of these is the institute, which consists of lectures and study for three weeks. Immediately following the institute, the trainees are given two two-week assignments in hospitals managed by doctors with outstanding administrative ability. During these assignments, the trainees will make a survey of one or more administrative activities.

Finally, the trainees will be required, within six months after completion of the institute, to make trips to one or more hospitals—either federal, state, municipal or private—in the vicinity of their own hospitals, to keep abreast of good administrative technics.

### Start Addition to Meadowbrook Hospital

NEW YORK.—Construction was undertaken last month on a \$12,000,000 addition to Meadowbrook Hospital, the only public institution in Nassau County, Long Island. The new building will increase the hospital's capacity from 200 to 600 beds, J. Russell Sprague, county executive, explained.

The new units to be added include an administration building, two buildings for patients, a laboratory unit, additions to the nurses' home, residences for staff and employees, and expansion of service facilities, Mr. Sprague said.

The new patients' facilities include provision for chronic disease and cancer patients in addition to beds for acute medical and surgical cases, maternity and neuropsychiatric cases.

### Dedicate New Sanatorium

SOUTH BEND, IND. — The new \$1,500,000 sanatorium for St. Joseph County was opened here last month with dedication exercises featuring an address by Dr. Ernest E. Irons, president of the American Medical Association. Called Healthwin Hospital, the new institution has 185 beds for tuberculous patients and includes modern departments of occupational therapy and rehabilitation.

Doctor Irons described the hospital as "one of the most modern in the country" in his dedication address. All patients' rooms provide outside views of the hospital grounds, and the interior decoration features extended use of color.

## 2 ACCEPTED PRODUCTS FOR YOUR CHOICE OF FORMULA PROTECTION METHODS...

**NipGard**  
TRADE MARK

### DISPOSABLE NIPPLE COVERS

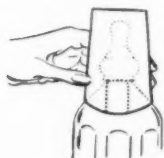
#### *Instantly Applied—Use Once and Discard Improved Protection—Time Saving*



Important identification information can be written directly on each NipGard.



1. Open cover as shown.



2. Press cover firmly over nipple. (Heavy dotted line shows how tabs engage bottom of nipple.)



3. Cutaway view indicates secure anchorage of cover.

NipGard nipple covers completely cover the nipple and neck of the infant's nursing bottle. Quickly applied, the cover is held firmly in place by specially designed tabs as illustrated. Independent laboratory tests indicate the thorough effectiveness of this cover after autoclaving. Here are added benefits:

- NipGard nipple covers do not jar off or require rehandling.
- There is NO BREAKAGE, NO WASHING, NO IDENTIFICATION STRIPS OR TAGS TO APPLY.
- Space for writing in identification data, name, formula, etc., is provided on each nipple cover.
- NipGard covers SAVE NURSES' TIME, give EXTRA SAFETY.

The covers are designed to meet the requirements of modern health codes, including those that recommend terminal sterilization. Professional samples and prices sent promptly on request.

NipGard Nipple Covers are available through your hospital supply dealer.

**QUICAPS**

### DISPOSABLE NURSING BOTTLE CLOSURES

#### *Simple, Time-saving, Inexpensive*



For years, Quicaps have enjoyed the approval of medical and hospital authorities, and the regular use of Quicaps has been adopted in a majority of the hospitals in the U. S.

**LABORATORY REPORT GLADLY FURNISHED**

*Samples of Quicaps and prices sent on request.*

These hygienic disposable closures provide a recognized factor of safety against formula contamination. The use of Quicaps does away entirely with the hazards of re-using worn, defective caps . . . the daily struggle to adjust rubber caps over hot bottles . . . the time consumed in collecting, inspecting and sterilizing caps after use. Quicaps are disposable after one use.

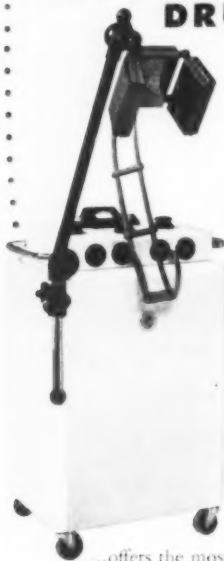
In a few seconds, with Quicaps, a perfect germ-proof closure is formed—with no strain or struggle to cause broken fingernails, spillage and scalds. Bottles sealed with Quicaps may be sterilized under 15 lbs. pressure.

**ORDER QUICAPS**

**FROM YOUR HOSPITAL SUPPLY WHOLESALER**

**Hospital Division, THE QUICAP COMPANY, Inc.**  
DEPT. H-72 441 LEXINGTON AVE., NEW YORK 17, N. Y.

**the BIRTCHER  
BANDMASTER  
S. W. DIATHERM  
with the TRIPLE  
INDUCTION  
DRUM**



...offers the most convenient and practical diathermy application available for busy Physiotherapy Departments. The low center of gravity provides extreme mobility and ease of handling.

**APPROVED or ACCEPTED by:**  
**FEDERAL COMMUNICATIONS COMMISSION\***

**A. M. A. COUNCIL ON PHYSICAL MEDICINE**

**UNDERWRITERS' LABORATORY\***

\*Also Canadian Department of Transport and Canadian Standards Assn.



*Notice the ease with which the Triple Drum conforms to complex body surfaces.*

The guarantee on BANDMASTER includes tubes, covering free replacement or repair within a full two-year period.

**More than 2600 BANDMASTERS already in use throughout the world. Write for free illustrated brochure.**

**THE BIRTCHER CORPORATION**  
5087 HUNTINGTON DR., LOS ANGELES 32, CALIF.

## NEWS...

### Hospitals Must Study Birth Trends, N.Y. Council States

NEW YORK.—Continuous examinations of the trends in number of live births and the birth rate are essential if the availability of hospital facilities for obstetrical patients is to be consistent with community need and economical provision of hospital care, the Hospital Council of Greater New York stated in its *Bulletin* following completion here last month of a study of births in New York City.

Observing that the birth rate may have stabilized, at least temporarily, at a fairly high level, the *Bulletin* said that "Even though the birth rate remains for the time being at a fairly high level, that in itself is not an indication for the expansion of obstetrical facilities," pointing out the importance of including in such studies not only trends in birth rate, but factors which will influence them, namely the trend in marriages.

The hospital council also announced the designation of Long Island College Hospital as a participating hospital under the master plan for hospitals and related facilities. The addition of this hospital brings to 38 the total number of hospitals which have joined forces with the council under the master plan to coordinate hospital and health facilities for broad and efficient community service, it was explained.

### Approved for Federal Funds

GRAND ISLAND, NEB.—An application for federal funds to help construct and furnish a new school of nursing has been approved for St. Francis Hospital here, Sister M. Mechtildis, superintendent, announced last month. The federal grant will total approximately \$260,000 and will provide for expansion and modernization of the school and add 65 beds to the hospital proper, raising its capacity to 210 beds.

### Hospital Will Expand

NEW YORK. — Plans for the construction of an addition to the National Jewish Hospital at Denver were announced here last month by Henry Rose, vice chairman of the hospital's New York committee. The addition is part of a \$3,500,000 expansion program which will provide substantially increased facilities at the nonsectarian tuberculosis center.

## INTRODUCING the E & J GAS ANESTHESIA MACHINE

... offering new advantages in ease of operation and simplicity of maintenance—a new precision instrument designed to meet your most exacting standards.



There are no metal tubes or soldered joints to loosen and leak. All gases are channeled *through the passages of a single casting*. Gas flow is controlled with pin-point accuracy through dry flowmeters by individual regulation valves. The E & J Gas Anesthesia Machine is available in 2-, 3-, 4-, and 5-gas stand or cabinet models.

### 3-PLACE CANISTER

enables soda-lime containers to be put in operation singly or in pairs. The containers freed from service may be removed, refilled, and replaced *without interrupting anesthesia*. Standard on all E & J gas anesthesia equipment, this canister is also adaptable to other makes. With its installation you can modernize your old equipment. Factory sales and service throughout the U. S.



**WRITE TODAY  
FOR LITERATURE**

**E&J MANUFACTURING CO.**  
6116 San Fernando Rd. • Glendale, Calif.

The MODERN HOSPITAL

OUR BUSINESS IS IMPROVING YOUR BUSINESS



# Now **York** Adds a Brand-New Service to its popular AUTOMATIC ICE MAKER

Freeze your own CRUSHED ICE or CUBES,  
or BOTH... right where you serve it!

NOW there's an ingenious new feature in the sensational York Automatic Ice Maker. It's a compact, built-in ice crusher which, at the flick of a selector dial, turns sparkling YORKUBES (the famous "cubes with the hole") into glistening YORKICE, a uniformly crushed ice that is ideal for many uses... in beverages, special dishes and displays.

YOU can control the amount of each you make, store each separately in the same stainless steel bin, always have each ready for instant use. No waiting... no shortages. This is clean, clear ice, chemically

pure and hardfrozen. It's free from annoying dead air cells that ordinarily knock the fizz out of carbonated beverages.

Call your nearest York Dealer today for a demonstration. He can show you how you can have complete ice service, attract new trade, build new profit while saving money with the York Automatic Ice Maker. It's another example of York leadership and know-how, possible only because for 75 years York has concentrated on the development of mechanical cooling and air conditioning to improve your business.



HEADQUARTERS FOR MECHANICAL COOLING SINCE 1885

*Refrigeration and Air Conditioning*

PIONEERS IN INVENTION AND DEVELOPMENT SINCE 1874

THESE OTHER YORK PRODUCTS CAN HELP YOU IMPROVE YOUR BUSINESS:



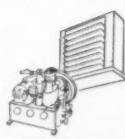
1. Yorkaire Conditioners



2. Flukice Machines



3. Frozen Food Cabinets



4. Unit Coolers & Condensing Units



York Corporation, York, Pa.  
Send me at once free folder describing this better ice that costs less. I am also interested in:

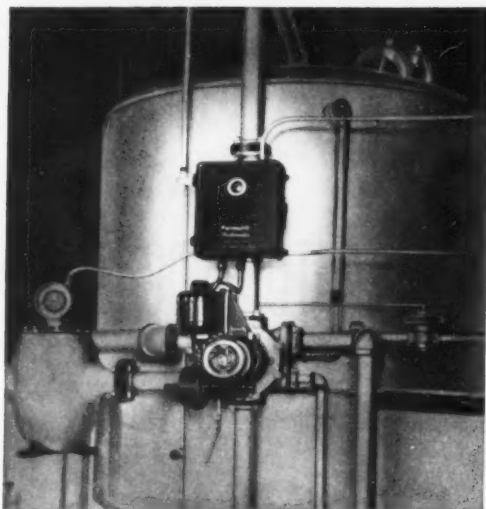
1 ☐ 2 ☐ 3 ☐ 4 ☐

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_ M. H. 10

**SAVE TIME  
LABOR  
MONEY**



*with the*  
**Permutit® Automatic**

**GIVES ZERO WATER CONSTANTLY!**

A constant supply of quality-controlled process water safeguards fabrics . . . leaves them really *clean!* And soap costs are slashed in half—and more—when your water is treated by a Permutit Automatic Softener! Permutit's exclusive Multiport Valve Control makes possible easy regeneration that saves you many costly hours of labor and attention. Modern Permutit units offer greater softening capacity than ever before.

**YOUR PRESENT SOFTENER CAN BE EASILY  
CONVERTED TO AUTOMATIC CONTROLS!**

The more up-to-date your softener, the more economical it is. Your present softener can be modernized *easily*. You can greatly increase capacity and increase flow rate at the same time by refilling your equipment with Permutit's new zeolite—Permutit "Q." Consult The Permutit Company, Dept. MH-10, 330 West 42nd Street, New York 18, N. Y., or The Permutit Company of Canada, Ltd., Montreal.

**Permutit**

Water Conditioning Headquarters for Over 35 Years

**No Need for Physicians  
on Ambulances, Report Shows**

NEW YORK.—A survey covering 368,000 calls handled by 106 ambulances in 45 hospitals during 1948 fails to justify the use of physicians on ambulance staffs, the Hospital Council of Greater New York reported here last month. The survey was summarized in the Hospital Council *Bulletin* which reported that a large percentage of the calls involved routine transportation of patients between hospitals or were in response to requests involving no need for medical attention.

"The ambulance committee cannot as yet demonstrate any immediate need for the presence of doctors on all ambulance calls," Dr. Morris Hinenburg, chairman of the council's committee which made the survey, stated. "The committee urges that hospitals continue to employ interns only in the most emergent cases. This will enable hospitals to utilize fully the professional abilities of their doctors for inpatient care and thereby help alleviate the acute intern shortage."

**Shortages of Medical Care  
for Negroes Revealed in  
Economics Committee Report**

WASHINGTON, D.C.—Shortages of medical care among American Negroes were disclosed in a report issued recently by the Committee on Research in Medical Economics. Prepared by Michael M. Davis, chairman of the committee, and Hugh H. Smythe, assistant director of special research, National Association for Advancement of Colored People, the report listed four major contributing factors in the problem of Negro health.

The responsible factors were: (1) inability of Negroes to pay for medical care on the usual fee-for-service basis; (2) shortage and maldistribution of physicians, dentists, nurses and hospitals; (3) lack of health education permitting Negroes to utilize available personnel and facilities to best advantage, and (4) racial discrimination.

In order to solve the problem of Negro health, the report said, progress must be made on all four of these fronts. Three of the factors involve long-range programs and cannot be accomplished overnight, it was pointed out, but the economic factor "can be dealt with promptly and on a large scale through national health insurance."



**"We take rush hour meals in stride  
now that we've installed a McCray Koldflo  
in our kitchen!"** says Mr. Earl W. Davis, Toledo, Ohio



**New McCray Koldflo 60 cu. ft. Reach-In**

"Feeding a lot of hungry people in a hurry is a big job. That is, it was a big job before we got a new McCray Koldflo.

"Previously meal time meant bending every effort to prepare enough dishes to meet the demand. Now we prepare many dishes—such as salads and desserts—hours before they're needed. We never worry about spoilage because this McCray Koldflo keeps all foods at the *right* temperature.

"Also, we can keep far *more* food completely refrigerated in the big storage compartments of a McCray Koldflo without danger of waste.

"F. I. Davison, McCray distributor here in Toledo, sure called it when he said we'd be money ahead with a McCray Koldflo. In all of my experience with refrigerators in commercial kitchens, this one takes top honors for efficient, dependable service."



*Carl W. Davis*

Operator and Chef, Hickory House Cafeteria,  
Toledo Scale Company, Toledo, Ohio

**THE BEST IN LOW-COST REFRIGERATION**



For smaller installations, this McCray Koldflo 30 cu. ft. Reach-In contains all of the desirable features of the larger model above—including famous McCray Koldflo "Up-from-under" controlled refrigeration for proper balance of humidity, temperature and circulation. Also available in 20 and 40 cu. ft. sizes.

**McCray**  
**KOLDFLO**

WRITE 966 McCRAY COURT, KENDALLVILLE, IND. DISTRIBUTORS IN PRINCIPAL CITIES—SEE TELEPHONE DIRECTORY

# Get ready for Winter!

## INSTALL

# TODD BURNERS

## -GAS OR OIL

Don't let Winter unnecessarily increase your power costs. Have Todd burners—save up to 10% on your fuel and maintenance bills... get greater power capacity. Let skilled Todd specialists, backed by 35 years of Todd experience, engineer your boiler plant for utmost economy... replace your obsolete equipment... provide efficient new installations.

Oil Burners  
Gas Burners  
Combination  
Oil and Gas  
Burners



COMBUSTION EQUIPMENT DIVISION  
TODD SHIPYARDS CORPORATION

81-16 45th Ave., Elmhurst, Queens, N. Y.

NEW YORK • BROOKLYN • ROCHESTER  
BUFFALO • HOBOKEN • NEWARK • PHILADELPHIA  
HARRISBURG • YORK • PITTSBURGH • CHICAGO  
RALEIGH • CHARLESTON, S. C. • BOSTON • SPRING  
FIELD, MASS. • BALTIMORE • WASHINGTON  
RICHMOND, VA. • ATLANTA • BIRMINGHAM  
CLEVELAND • DETROIT • GRAND RAPIDS • TAMPA  
GALVESTON • SAN ANTONIO • DALLAS • HOUSTON  
TULSA • MOBILE • NEW ORLEANS • SHREVEPORT  
DENVER • SALT LAKE CITY • LOS ANGELES • SAN  
FRANCISCO • SEATTLE • MONTREAL • TORONTO  
BARRANQUILLA • BUENOS AIRES • LONDON  
HAVANA • PUERTO RICO • ORANGEBURG, S. C.

## NEWS...

"Throughout the nation, the plight of Negro health is disheartening," the report stated. "Without doctors, hospitals, or rudimentary knowledge of the fundamentals of safeguarding health in many areas; with few doctors and poor facilities in others, his infant mortality, tuberculosis and syphilis rates soar high above the national average. The Negro death rate is still more than 60 per cent higher than the white death rate. In the last 50 years, the Negro death rate has dropped from 33 to 14 per thousand, yet even today the average Negro life span is 10 years less than that of whites."

The section of the report on the shortage of personnel and facilities for Negroes presented statistics showing that in Mississippi there is only one-half a hospital bed for every 1000 Negroes in the state, while there are 2.3 hospital beds for each 1000 white citizens. In 1942, there was only one Negro physician in the U.S. for every 3377 Negroes, while for the population as a whole there was a doctor for every 750 citizens.

"The gloomy picture of the status of Negro physicians would be less disheartening," the report said, "if the chasm between the Negro and the white ratios could be closed by accelerated education of additional physicians. Unfortunately, however, since only 3 per cent of current graduating classes in medical schools are Negro, the gap is widening. To close it, Negro students would certainly have to exceed the ratio of Negroes to the general population; this would mean quadrupling present enrollments."

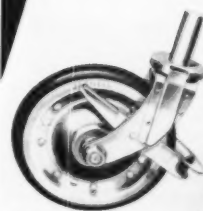
Discrimination is one of the major problems of Negro health, according to the report. As one example, the report cited the state of North Carolina, where in 1945 Negroes constituted 30 per cent of the population but had available to them only 19 per cent of the hospital beds. "With hospital facilities limited, it is criminal for beds to be held vacant only because the patients needing them are Negro and not white," it was asserted. "Since infections respect no color line, whites endanger their own health in keeping Negroes away from centers where disease might be cured."

Discrimination extends not only to patients, but to professional personnel, the report said. Hospitals sorely in need of doctors and nurses refuse to employ trained Negroes, it was explained. "The basic need of the Negro is the same as the need of the great majority of the

for  
Every Type  
of Floor



## DARNELL CASTERS



Write for Free  
Darnell Manual

DARNELL CORP. LTD.  
LONG BEACH 4, CALIFORNIA

60 WALKER ST., NEW YORK 13, N. Y.  
36 N. CLINTON, CHICAGO 6, ILL.

★ PEOPLE LIKE THESE MAKE ★

# C.P.P. TOILET SOAPS FAVORITES IN HOSPITALS

## HOSPITAL SUPERINTENDENT SAYS:



"I've always relied on C.P.P. soaps. They meet our highest requirements for purity and mildness. And there's a C.P.P. soap that fits every hospital need—pleases every patient.

"Palmolive, for instance, is popular with patients and nurses alike. Men enjoy its refreshing fragrance—women like its soft 'Beauty Lather' for lovelier complexions."



## PURCHASING AGENT SAYS:



"I have to practice economy, without impairing hospital standards. And I've found the best way to do that is to purchase all our soaps from the same dependable source—Colgate-Palmolive-Peet.

"Why, Colgate's Floating Soap is made especially for hospital use. Meets the most exacting requirements for purity, mildness, and lather. It comes in a wide range of sizes, too."



## EXPERIENCED NURSE SAYS:



"Patients feel more comfortable when they find their favorite C.P.P. toilet soap awaiting them. It's only natural that they prefer C.P.P. soaps here—just as they do at home.

"Take Cashmere Bouquet Toilet Soap—a big favorite in private pavilions. Women like its delicate perfume, soft cleansing lather. Really, it's such a luxury for so little more."



# All 3 Agree on C.P.P.

Call in your local C.P.P. representative and ask him to quote prices on sizes and quantities you need, or write direct to our Industrial Dept.

## Colgate-Palmolive-Peet Company

Jersey City 2, N. J. • Atlanta 3, Ga. • Chicago 11, Ill. • Kansas City 3, Kans. • Berkeley 2, Calif.

## NEWS...

American people," the report concluded, "namely, a way of paying for medical care that does not subject the sick person to the burdens of unpredictable costs or to the stigmas of charity. Charity is necessary for those who have no income or whose income is extremely low and unstable, and this must, in the main, be public charity supported by local, state and federal taxation. But the bulk of the American people, Negro and white, does not want charity. It does want purchasing power for medical care which

can be created through the principle of insurance, entitling people to medical service as a right when they require it, and ensuring doctors and hospitals of payment when they have rendered service. A national insurance plan is necessary in order to equalize the differences between the states and localities and in order to expedite the removal of race discrimination against Negro patients and physicians, which aggravate gravely all the problems of medical service to Negroes in the United States."

**new!**  
**AIRKEM MIST**  
KILLS ACUTE ODORS

Efficient, easy-to-use Airkem Mist acts instantly to knock down those sudden, disagreeable odors that are bound to occur in every hospital. One 2-second application, in the room or ward, in lavatory or wherever the trouble may be is often sufficient. Airkem is non-toxic... safe to use. Keep Airkem Mist dispensers handy where sudden need is likely. Quick action prevents odor contamination.

Use the new Airkem H-2 unit to remove chronic odors and to give rooms and wards an under-

### AIRKEM COUNTERACTS ODORS FROM:

1. OBOROUS DISEASES
2. PATHOLOGICAL LABS
3. AUTOPSY ROOMS
4. OPERATING ROOMS
5. UTILITY ROOMS
6. LAVATORIES
7. FRESHLY PAINTED ROOMS
8. LAUNDRY AND CHUTES
9. KITCHENS



tone of outdoor freshness. The Airkem H-2 unit serves up to 400 square feet of floor area, is noiseless, creates no draft. Comes in grey or ivory finish to blend with any decor. Can be used on a table, bureau or dresser or hung on wall. Each unit holds two pint wick-bottles for steady, uniform dispensing of Airkem. The Airkem H-2 unit costs less than \$15 plus about a penny per day to operate.

Your local Airkem Distributor or hospital supply jobber who supplies you has Airkem Mist dispensers and Airkem H-2 Units for immediate delivery. If your institution is not regularly using Airkem, your Airkem representative will welcome the opportunity to tell you about this effective product and arrange for a trial.

**new!**  
**AIRKEM H-2**  
UNIT REMOVES  
CHRONIC ODORS



**Airkem**

AIRKEM, INC., 241 E. 44TH ST., NEW YORK 17, N. Y.

## ABOUT PEOPLE

(Continued From Page 90.)

**Col. Joseph U. Weaver (MC)** has been named Deputy Post Commander of Army Medical Center and Walter Reed General Hospital, Washington, D.C. Col. Weaver has held the position of executive officer of the center during the last year.

**Ray Stanley** has been named general manager of the newly remodeled Boerne Hospital, Boerne, Tex.

**T. H. Morrison** took over the administration of the new Memorial Hospital in Uvalde, Tex., on September 1. Mr. Morrison resigned as assistant administrator of Hendrick Memorial Hospital, Abilene, Tex., to assume his new position.

**Sister M. Baptista** has been transferred from St. Therese Hospital to Hotel Dieu Hospital, Beaumont, Tex., succeeding **Sister M. Evangeline** as administrator. Replacing her as administrator at St. Therese is **Sister M. Mildred**, who was transferred from St. Patrick's Hospital, Lake Charles, La. **Sister Mary Alma**, formerly at St. Mary's Infirmary in Galveston, has been transferred to Lake Charles, and has been replaced by **Sister M. Aidan** from Shreveport. **Sister M. Philip**, who was administrator at St. Edwards, Cameron, Tex., replaces **Sister M. Aidan** at Shreveport. **Sister M. Kostka**, formerly at St. Mary's in Port Arthur, where **Sister M. Evangeline** was transferred, is now administrator at St. Edwards in Cameron, Tex.

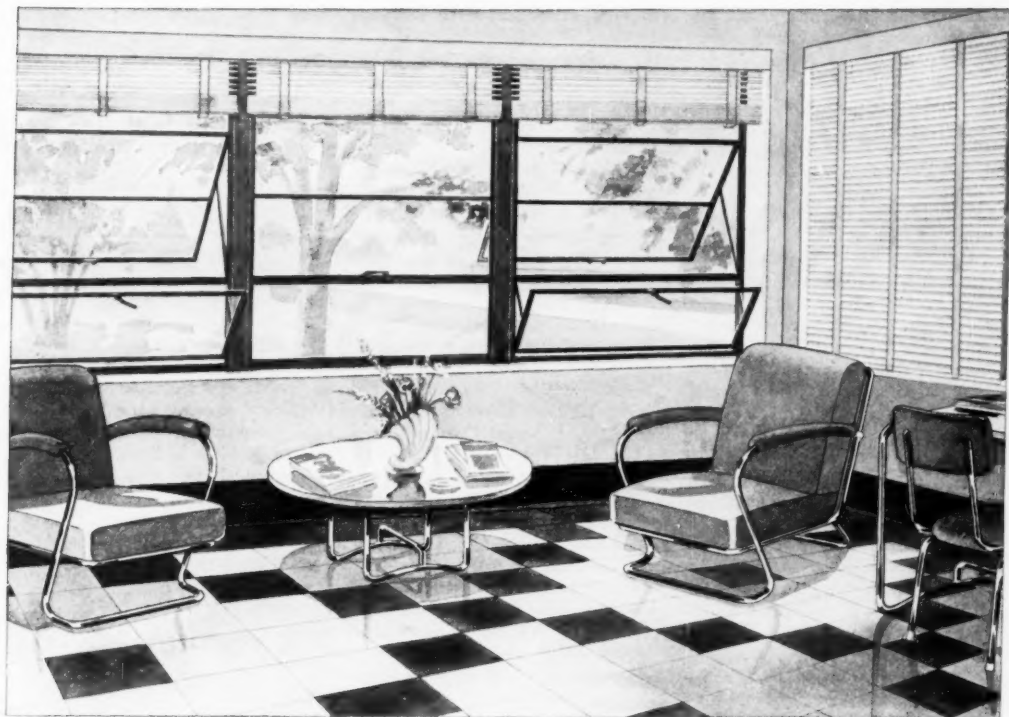
**Dr. Dean Fisher** has been appointed administrator, Central Maine General Hospital, Lewiston, Me. Dr. Fisher was formerly associated with the Department of Health and Welfare of the state of Maine.

**J. Gordon Dandignac** and **Stanley F. Masson** are serving their administrative residencies at Denver General Hospital, Denver. Mr. Dandignac is a graduate student in hospital administration at Northwestern University and Mr. Masson is in the course at the University of Minnesota.

**Mary A. Smith** has resigned as superintendent of J. Lewis Crozer Homoeopathic Hospital, Chester, Pa.

### Department Heads

**Lyndon M. McCarroll**, former director of the Simmons College School of Nursing, Boston, and president of the Massa-



*Prescription for convalescence . . .* Lupton Metal Windows in this hospital solarium supply a cheerful, healthy atmosphere for convalescing patients. Rooms are brighter, better ventilated. Patients are happier because large, sun-inviting Lupton Metal Windows increase glass area; assure more daylight. Air flow is easily controlled with ventilators that open to any desired amount . . . provide natural, draft-free ventilation. Safe and always easy to operate. Your hospital architect knows Lupton Metal Windows—sturdy, long-lasting windows backed by more than 40 years of window design. Your builder knows Lupton Metal Windows—complete units save installation time, speed up building operations. The Lupton Representative will gladly give you full details. Or write for our Catalog.

**MICHAEL FLYNN MANUFACTURING CO.**  
700 East Godfrey Avenue, Philadelphia 24, Penna.

*Member of the Metal Window Institute*

# LUPTON

## METAL WINDOWS



chusetts League of Nursing Education, has been named chairman of the basic professional division of Boston University School of Nursing. Miss McCarroll is also serving as professor of nursing at the university, teaching basic and advanced nursing practice, and foundations and methods in administration of nursing education programs.

**Lt. Col. Ida Danielson**, chief of nurses, Walter Reed General Hospital, Washington, D.C., is one of the first women in the country to be admitted to the Association of Military Surgeons, U.S. Army. Colonel Danielson has held her present position since December 1947.

**Rose K. Bernhard** has been appointed director of the school of nursing and nursing service at Truesdale Hospital, Fall River, Mass. Miss Bernhard received her master's degree from Columbia University. **Frances A. Stanfield** has been appointed associate director of the school of nursing at Truesdale.

**Elizabeth Collins** has been appointed director of occupational therapy at the State University of Iowa Hospitals, Iowa City. A graduate of the Boston School of Occupational Therapy, Miss Collins is a former vice president of the Massachusetts Association of Occupational Therapy and now holds the position of secretary

of the house of delegates of the American Occupational Therapy Association.

**Dr. William Kaufmann** has been appointed full-time pathologist of the Springfield Hospital, Springfield, Mass. Dr. Kaufmann came to this country in 1937 as assistant and instructor in pathology at the New York University Medical School and Bellevue Hospital, New York City. In addition to his work at Springfield Hospital, Dr. Kaufmann is consultant pathologist for the Westfield State Cancer Hospital, Westfield, Mass., Northampton State Hospital, Northampton, Mass., and the Shriners' Hospital for Crippled Children at Springfield, Mass.

**Beatrice M. Hersey** has been appointed director of the school of nursing at the University of North Dakota, Grand Forks, N.D. The school is being organized on a four-year basis, with students attending classes the first two years on the campus and working as students in hospitals, as well as handling some class work, during the last two years. They will receive a degree in nursing at the end of the four-year course.

**Rosalie Beams, R.N.**, has assumed the duties of director of the school of nursing and nursing service of Rhode Island Hospital, Providence, R.I.

**Mrs. Doris Warrick** has been elected manager and superintendent of nurses at Crane County Memorial Hospital, Crane, Tex. **Mrs. Lou Huffman** has been appointed as her assistant.

**Mrs. Louise L. McLain** is the new director of housekeeping at Shadyside Hospital, Pittsburgh. She succeeded **Mrs. Jane N. Taylor**, who resigned that position to reenter hotel work in New York State. From 1944 to 1946 Mrs. McLain was with Women's and Children's Hospital in Chicago, and from 1946 to 1949 was with the Cleveland Clinic Foundation in Cleveland.

**Dr. Charles Fore Wilkinson Jr.**, associate director of the Kellogg Foundation's division of medicine and assistant professor of medicine at the University of Michigan Medical School, has been appointed professor and chairman of the department of medicine at the postgraduate medical school, New York University-Bellevue Medical Center.

#### Miscellaneous



Mary A. Johnson

**Mary A. Johnson** has been appointed educational director of the American College of Hospital Administrators. A graduate of the 1947 class in hospital administration, Columbia University, Miss Johnson served as administrative resident at Woman's Hospital and Post-Graduate Hospital in New York City. More recently she has been research associate in hospital administration at Columbia.

**Mrs. Margaret F. Bourke**, director, division of personnel, New York City Department of Welfare, has left that post to assume similar duties in the Department of Hospitals.

**Maj. Aniello F. Mastellone** has been assigned to Walter Reed General Hospital, Washington, D.C., as an assistant resident in physical medicine.

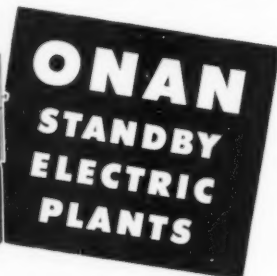
**Dr. Frank M. Faget** will retire November 1, ending 35 years of service as a medical officer with the Public Health Service. Dr. Faget has been medical officer in charge of Portland Marine Hospital, Portland, Me., for the last two years. He is being succeeded in that post by **Dr. P. D. Mossman**, formerly medical officer in charge at the Seattle Marine Hospital.

**Col. Paul S. Fancher** has assumed duties as chief of medical service, Walter Reed General Hospital, Washington, D.C. He succeeded Col. Charles R.

## Complete Protection Against Power Failure!



MODEL 10EL  
10,000 watts, A.C.



**E**mergency electricity for operating rooms *only* is not enough in modern hospitals. Other services must function during periods of power failure to minimize dangers. Onan Electric Plants provide electricity for all essential uses: operating-room lights, elevators, stair and exit lights, communication, ventilating and automatic heating systems and pumps of various kinds. Equipped with automatic line transfer panel Onan plants take over the power load automatically within seconds after power fails, stop automatically when power is restored. Require negligible maintenance. Onan plants are providing modern standby protection for hospitals large and small, from coast to coast.

Range 5KW to 55KW.

Write for **FREE** engineering service on any standby problem.



**D. W. ONAN & SONS INC.**

4906 Royalston Ave. • Minneapolis 5, Minn.

Write for  
**FREE  
Folder!**

BUT YOU  
CAN BE  
PROTECTED

**RAW  
MATERIAL  
SAVINGS  
PASSED ON  
TO YOU!**

# O-syl prices REDUCED!

**More proof—that this outstanding  
disinfectant value gives quality performance  
at a quantity price!**



**Swift—Sure!** Attacks vegetative pathogenic bacteria and fungi. Never fades or discolors floors, walls, bedding furniture.

**Pleasant Odor!** Unlike many familiar disinfectants, O-syl never leaves any traces of disagreeable odor.



**Non-caustic — Non-irritating!** Potent—yet never burns as an antiseptic rinse, or as an application on obstetric patients.

**Potent — Effective!** Completely safe and sure for the disinfection of dishes and utensils used by patients with contagious diseases.

**More Economical!** Gallon price reduced from \$3.00 to \$2.70! Diluted 100 times, O-syl makes a potent disinfectant solution for general use—for as little as 2.2¢ per gallon!

**Highly concentrated!** Even when greatly diluted, O-syl is extremely powerful in its anti-bacterial action.



**Non-corrosive!** O-syl guards expensive instruments from rust, safely and surely disinfects rubber goods.

**Non-Specific!** Eliminates the necessity of keeping several germicides for various specific purposes.



**FOR SAFETY'S SAKE...** the significant new development in disinfectants

**10% PRICE REDUCTION!  
SAME DISCOUNTS!**

O-SYL (HOSPITAL STRENGTH, PHENOL COEFFICIENT 5) IS LISTED AT \$2.70 PER GALLON (FORMERLY \$3.00) IN GLASS CONTAINERS.

5% discount for shipment in individual 5-gal. drums, 10% discount for shipment in individual 10-gal. drums, 20% discount for shipment in individual 50-gal. drums. Freight prepaid on 10 or more gallons shipped at one time to one address. Terms 2% 10 days, 30 days net.

# O-syl

Professional sample upon request. Call your hospital supply dealer or write direct to: Lehn and Fink Products Corp., Hospital Dept., 445 Park Ave., New York 22, N. Y.



#### REDUCE PERSONNEL TURNOVER:

Continual hiring, training and rehiring of maintenance workers is costly. You can help reduce this waste with a HILD Floor Machine. This machine's precision balance and self-propelled action enable it to do the job faster and easier. This lightens every routine maintenance job. Helps keep employees satisfied.

#### REDUCE FLOOR DEPRECIATION:

The HILD Floor Machine prevents needless wear caused by *incomplete* maintenance. The machine has easily interchangeable attachments to do the *complete* job. It will scrub, wax, polish, buff, sand, steel-wool, or grind.

#### PREVENT ADVERSE IMPRESSION:

Bright, clean, lustrous floors make an excellent impression on the public. The HILD Machine's effortless handling encourages frequent, complete maintenance... enables you to keep floors always in the peak of condition... reduces the "hidden costs" resulting from loss of prestige.



WRITE FOR  
FREE  
CIRCULAR

#### HILD FLOOR MACHINE CO.

740 W. Washington Blvd., Dept. MH-10, Chicago 6, Ill.

Mueller, medical service chief since June 1946, who has been transferred to Murphy General Hospital, Waltham, Mass.

#### Deaths

Lucy A. Roper, superintendent of Jennie Stuart Memorial Hospital, Hopkinsville, Ky., died August 18 in a flaming automobile after her car and another car with three soldiers crashed into a transport truck. Also killed were Maude Oatts, Mrs. Roper's assistant; two nurses, Mary Ann Pryor and Mary Jefford, and Mrs. Roper's daughter Ann and a friend of Ann's.

Dr. Humberto Garces, a graduate of the

class in hospital administration, Columbia University School of Public Health, died in Quito, Ecuador, following an operation.

Dr. Irvin Abell, 72, past president of the American Medical Association (1938-39), and the American College of Surgeons (1946-47), died of a heart attack August 28 while on a fishing trip in Ontario, Canada. His home was in Louisville, Ky.

Thomas E. Carden, formerly administrator of Cooper Hospital, Camden, N.J., died recently at Monticello, N.Y. He was a founder and director of the Hospital Purchasing Service of Pennsylvania.

## THE BOOKSHELF

MEASURING NURSING RESOURCES. Prepared by Lois E. Gordner, Nurse Officer, Public Health Service, and issued by the Division of Nursing Resources and Division of Medical and Hospital Resources of the United States Public Health Service.

This booklet is a valuable addition for thinkers and planners studying the nursing service and nursing educational needs of this country. In an accompanying letter transmitting the booklet, Lucile Petry, chief nurse officer, Public Health Service, and John R. McGibony, M.D., chief, Division of Medical and Hospital Resources, U.S. Public Health Service, state: "This is intended as a guide to a method for nurses and others who contemplate studies to determine nursing needs and resources on an area basis. It represents to date the method that has evolved as a result of assistance given by the Public Health Service to several states in measuring their nursing resources."

The following quotation from the introduction to this booklet gives the reader an idea of the reasons for preparing this material: "The extent and urgency of the situation indicate the necessity of planning on a state and regional basis if vital needs for nursing services are to be met effectively and economically."

The scope of a state survey of nursing needs and resources as described in the manual includes the following factors:

1. An estimate of the number of nursing personnel currently employed.
2. An estimate of the number of nursing personnel required to meet current and future needs.

3. An evaluation of the quantitative and qualitative adequacy of the present system of nursing education.

4. Recommendations that will improve the quantity and quality of nursing personnel so that current and future needs for nursing personnel can be met effectively and economically.

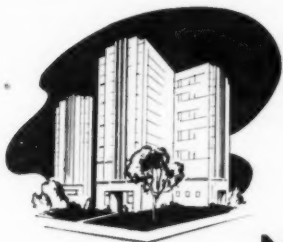
The conclusions of the study will reveal present nursing resources; current and future need for nursing personnel; current and future deficits of nursing personnel; extent to which the present educational system can quantitatively and qualitatively meet current and future needs for professional and non-professional nursing personnel; number of students that must be enrolled annually in basic schools of nursing, and training programs for nonprofessional nursing personnel for a specified period of time to meet estimated needs, and the average percentage of high school graduates who must be enrolled to produce the nursing personnel needed.

Section I describes the organization of the advisory and various working and technical committees necessary to conduct a thorough nursing study in each state. This same section gives methods of estimating the nursing personnel of all types currently employed.

Section II describes the methods of estimating the numbers of nursing personnel of all types required to meet current and future needs. These estimates cover needs in public health departments, industry, doctors' offices, hospitals, and so forth.

Section III is an excellent exposition of planning methods to meet the needs

# PRATT & LAMBERT paint and varnish



## NO "PAINTY" ODOR!

when Lyt-all Flowing Flat or Solidex  
is used to decorate hospital walls

○ F all places where absence of a "painty" odor is most appreciated, hospitals are first, because most patients are keenly sensitive about objectionable "painty" smells.

Lyt-all Flowing Flat and Solidex — superfine wall coatings — can be used without interrupting hospital routine because the old eye-smarting and smell have been removed, not covered up by another odor.

The DeLuxe colors of Lyt-all Flowing Flat dry with a beautiful, satin-smooth texture which can be repeatedly washed.

Solidex is a one-coat, ultra-flat OIL paint which requires no priming coat. The modern, decorative Solidex colors require no mixing, as they are ready for instant use.

Before decorating, get suggestions and practical specifications from Pratt & Lambert-Inc., 126 Tonawanda St., Buffalo 7, N.Y. In Canada, 18 Courtwright St., Fort Erie, Ont.



*1849 — One Hundredth Anniversary — 1949*

*Save the surface  
and you save all!*

for nursing personnel. It is interesting to note that this report gives a prominent place to the need for studying how nonprofessional nursing personnel, such as practical nurses, nurse's aides, orderlies and nursing unit clerks, can be used to conserve the time of professional nurses for professional nursing care and at the same time effect economies in the nursing pay roll. Of particular interest in Section III is the method of computing the average percentage of high school graduates who must be enrolled in various nursing programs to produce the number of all types

of professional and nonprofessional personnel that will be needed in the future.

Miss Gordner and her associates are to be congratulated on this scholarly yet practical approach to the nursing personnel problem. All hospital administrators, directors of nursing service and nursing education, and others interested in the health problems of this country will do well to make a careful study of this report.—EVERETT W. JONES.

MANUAL OF THE INTERNATIONAL  
STATISTICAL CLASSIFICATION OF

DISEASES, INJURIES AND CAUSES OF DEATH. Published by the World Health Organization, Geneva, Switzerland, 1949.

Here we have available for the first time a single international code which makes it possible to classify and tabulate both sickness and death statistics. The notable innovation of including morbidity in the list should be of special interest to hospital administrators and others concerned with the statistics of hospital or allied experience. The manual has been prescribed for use by the member nations of the World Health Organization.

The volume reviewed here is the first of two to be published by the World Health Organization dealing with the new classification. Volume I includes an excellent introductory chapter dealing with the history, philosophy and aims of the new list. A detailed list of three-digit categories is then presented with supplementary classifications for special admissions to hospitals, clinics and so forth. Such supplemental classifications are indispensable for agencies which must count admissions of individuals who are not sick. In this detailed list there are in all 612 categories for classification of the external cause of injury, 189 categories for characterization of injuries according to the nature of the lesion, and 88 supplementary classifications previously mentioned. The list of categories is followed by a tabular list of inclusion terms with a number of four-digit subcategories. The additional subdivisions thus provided will also be of special help to various medical agencies. The volume also includes rules for medical certification and for the selection of the primary cause of death when more than one cause appears on the death certificate; abbreviated lists for special tabulations, and, last, suggested forms for multiple cause tabulations.

Volume II will probably be published before the close of 1949. This volume will contain the alphabetical list of diagnoses and conditions which is necessary as an index for the proper use of the classification in Volume I.

It should be noted that the International Classification is neither a nomenclature nor a diagnostic index, but, as its title explicitly states, it is a statistical classification. In providing for morbidity as well as mortality, it fills a long felt need, and it will doubtless encourage further study of the many difficult problems associated with the handling of morbidity data.—ROWLAND V. RIDER.

## FAIRCHILD ROLL FILM CASSETTE



### *for Direct Radiography in rapid series or single exposures*

Radiologists specializing in angiocardiology, cerebral angiography, or any radiography involving a rapid series of x-ray exposures, will appreciate the advantages of the new Fairchild F-280 Roll Film Cassette.

Designed for use on x-ray equipment of leading manufacturers, the Fairchild unit can be operated automatically and continuously in conjunction with the x-ray tube control at the rate of 2 exposures per second.

Exposure size is 9-5/16 x 9-5/16 inches. The magazine has sufficient capacity for 75 feet (approx. 90 exposures) of double emulsion x-ray roll film and is quickly removable from the motor base plate assembly to facilitate darkroom loading and processing of film. Provision is made for a moving or stationary grid with outside dimensions of 11-1/8 x 11-1/8 inches, and intensifying screens measuring 9-5/16 x 9-5/16 inches.

The same optical, electronic and mechanical skills—that produce the world famous Fairchild Aerial Cameras—also produce 7mm Fluoro-Record Roll Film and Cut Film Cameras... Magnifying and Stereo Viewers... Roll Film Developing and Drying Units. Also the Chamberlain X-Ray Film Identifier. All are available through your X-Ray Equipment Supplier.



88-06 VAN WYCK BOULEVARD, JAMAICA 1, NEW YORK



WILL FOLSOM AND SMITH, INC.  
TWENTY FIVE WEST FORTY-THIRD STREET  
NEW YORK 18, N. Y.

BRANT 9 6304

OFFICE OF  
THE PRESIDENT

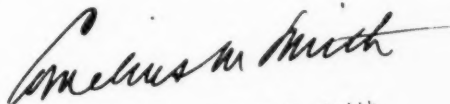
To Administrators  
And Trustees Planning  
Expansion Programs

A decade rich in promise for America's voluntary hospitals is at hand.

Thirty years of successful practice, devoted wholly to hospital finance, has equipped Will, Folsom and Smith with an unmatched body of experience. The new high records set in our post war projects particularly qualify us for the greater programs of the mid-century.

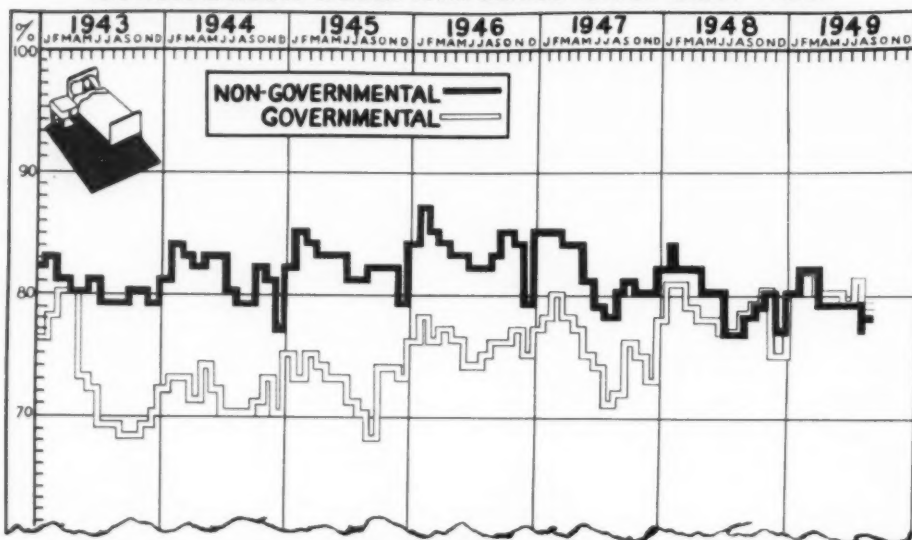
Since Pearl Harbor, 101 capital funds for hospitals ranging from \$150,000 to \$20,000,000 have been entrusted to our management. Their objectives total \$140,000,000. Although more than a dozen are still to be completed, \$114,000,000 already has been subscribed.

Hospital fund-raising movements under the direction of our staff of specialists are now scheduled well into the next year. Your hospital's program will have our careful study when you are ready to discuss it with us.



Cornelius M. Smith  
President

## Construction Total Increases Over Last Year



Voluntary hospitals reporting to the Occupancy Chart were 78.4 per cent occupied during the month of August—a slight increase over the previous month. Governmental hospitals reported 79.4 per cent occupancy for

August, not significantly different from the figures reported for several preceding months.

The new hospital construction reported to The MODERN HOSPITAL last month totaled \$69,462,312, an increase

of approximately 27 per cent over the total for the same period last year. Of 101 projects reported recently, 31 were new institutions costing a total of \$23,806,120, and 70 were additions averaging over \$500,000 each.



### STURDY LID

fits right, stays tight ... riveted handle

### ONE PIECE BODY

lock-seamed and electrically welded

### LARGE SIDE HANDLES

non-pinching, even to biggest hands

### DEEP ROLLING CORRUGATIONS

well-rounded, the strongest known

*From any angle...*

### HEAVY GAUGE STEEL

selected and inspected for strength

### STRAIGHT SIDE DESIGN

maximum resistance to abuse

### RAISED, CONCAVE BOTTOM

maximum strength and freedom from rust

### HOT-DIPPED GALVANIZED

extra heavy coating of rust-preventing zinc.

**WITT CANS HAVE  
THE "RIGHT" ANGLE**



Considered from any angle, the WITT Can shows the quality that has made it a favorite with large Can users. For sanitation, clean, smooth inside lines . . . eliminate clinging of refuse. For long service, heavy gauge steel is formed into the strongest structural shape possible. Heavy galvanized coating withstands weather and attack of food acids. Whatever you want in a Can, you'll find in a WITT Can . . . plus assurance of extra value in the famous guarantee: "outlasts ordinary Cans 3 to 5 times!" That's why users say "Witt's the Can for me."

*Witt Cans*

THE WITT CORNICE COMPANY  
CINCINNATI 14, OHIO  
"Originators of the Corrugated Can"

ONLY  
ONE FLOOR  
GIVES YOU

# All These Advantages!

its name  
is TILE-TEX\*  
...the Quality  
Asphalt Tile

## LOW MATERIAL COST

In days of still-rising construction costs, it's a pleasant surprise to find that flooring with Tile-  
Tex quality remains moderately priced. Overall  
building material costs have risen 217% in the  
last ten years; Tile-*Tex* Asphalt Tile only 25%.



## FAST, ECONOMICAL INSTALLATION

Tile-*Tex* can be laid directly over semi-finished  
concrete slab . . . in fact on *any* firm, level,  
reasonably smooth surface. And the uniform  
cut of this *quality* tile assures close, even joints.  
Installation can be made quickly and used  
immediately after completion.



## MINIMUM MAINTENANCE

Tile-*Tex* can be kept bright, clean and attractive  
with amazing ease. The smooth, tight-  
textured surface shrugs off dirt and grime . . .  
stubbornly resists stains. Work involved? Daily  
sweeping to remove loose dirt. Periodic wash-  
ing. Water-waxing, if desired.



## EASE OF REPAIR

Because Tile-*Tex* is laid in *individual* tiles . . .  
damage can be quickly erased by *sectional* re-  
placement that never shows. No need to re-  
floor. New tiles quickly take on the patina of  
the original floor . . . and there's no objection-  
able evidence of repair or replacement.



## EXCEPTIONAL DURABILITY

Tile-*Tex* floors are almost unbelievably long-  
lived. From school corridors to office buildings  
. . . restaurants to hospital wards . . . hotels to  
factories . . . many Tile-*Tex* floors have been  
down for as long as 20 years . . . without appreci-  
able wear.



## MOISTURE RESISTANCE

Tile-*Tex* Asphalt Tile can safely be laid on  
concrete slab in direct contact with the ground.  
The resulting moisture condition won't affect  
it. An important consideration in floors below  
or on grade.



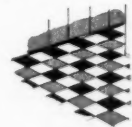
## COMFORTABLE RESILIENCE

Many users have gained important benefits  
from Tile-*Tex*'s foot-easy comfort. Employees,  
visitors, customers . . . and you, too . . . will  
find this durable, attractive floor really com-  
fortable to walk and work on.



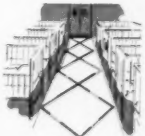
## WIDE RANGE OF COLORS

The Tile-*Tex* line for 'forty-nine gives you color  
you wouldn't have believed possible in asphalt  
tile. Light, bright, beautiful colors . . . either  
plain or marbled. Gay colors. Dignified  
colors. Rich, sharp, *attractive* colors. 34 of them  
to choose from. And cove bases available in  
many of them.



## FUNCTIONAL DESIGN

With these individual asphalt tiles it's possible  
to make your Tile-*Tex* floors do extra work.  
Design your floors to help control and direct  
traffic . . . identify bays or corridors . . . or any  
other of the many jobs that a functionally de-  
signed floor can do.



## INDIVIDUALIZED PATTERNS

With Tile-*Tex* Asphalt Tile, you can design a  
floor that's fitting. You can carry out any motif  
you wish. Your company trademark . . . local  
art forms . . . almost anything you name can be  
laid into your floor. Your local Tile-*Tex* con-  
tractor will be glad to help. And we can make  
up custom inserts, just for you.



Learn more about the *only* floor that can give you *all* these important advan-  
tages. Write us today and we'll rush you complete information, together with  
the name of your nearest Tile-*Tex* Flooring Contractor. THE TILE-*TEX* DIVI-  
SION, The Flintkote Company, Chicago Heights, Ill. Sales Offices: Chicago,  
New York, Los Angeles, New Orleans, Montreal, Toronto.



# Tile-*Tex* Asphalt Tile

REGISTERED TRADEMARK, THE FLINTKOTE COMPANY



*Time Tested—Quality Proven*

## HODGMAN SHEETINGS

ARE STANDARD AMONG LEADING HOSPITALS

Meets all requirements of American Hospital Association. Ask your supply house or send for sample swatches of regular and lightweights.

**HODGMAN RUBBER CO.**  
FRAMINGHAM, MASS.

Offices in New York, Chicago & San Francisco



## PerfeKtum ETHYL CHLORIDE, U. S. P.

Not Drops . . . Not a Jet . . . A SPRAY

● Now in an especially designed dispenser bottle that is easy to operate, this new glass container ejects Ethyl Chloride in a fine MIST-LIKE CONCENTRATED SPRAY.

The spray is entirely automatic, no adjustment being necessary. Compared with a jet stream (for local anesthesia) much less liquid is used, thus greater economy.

*Dow Chemical Ethyl Chloride U.S.P. is used in this package.*

*Write for latest catalog of hospital specialties*

**PerfeKtum Products Co.**  
300 Fourth Ave. Est. 1922 New York 10

**Send this coupon  
for new, exciting  
color swatches**

## Kenwood Blankets

*styled to fit your particular need*

**Buy direct from  
Kenwood Mills**  
CONTRACT DEPARTMENT  
Rensselaer, N. Y.

Please send complete information on blankets for hospital use to:



X-5

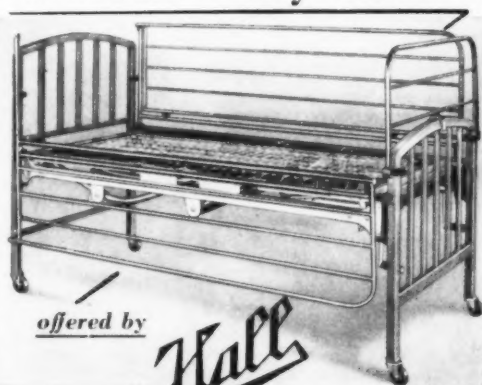
Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

Administrator \_\_\_\_\_

## Another safety feature



*offered by*

**Hall**

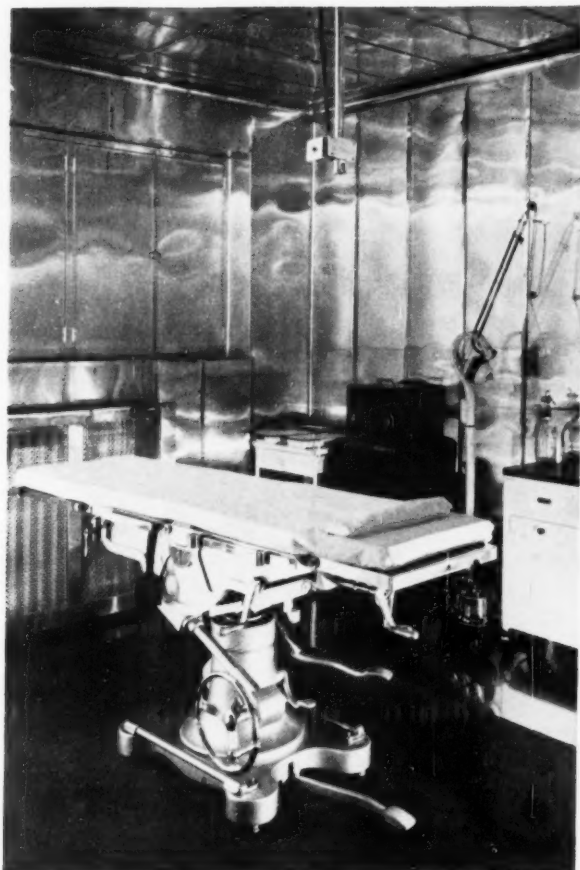
**End Guard Rail**

Quickly attached to any round or square tube bed the Hall End Guard Rail prevents a patient crawling out the foot. When combined with High Sides it affords the utmost security. Swivel fasteners have wing thumb screws and are leather lined, as is the center support.

*For detailed information on the End Guard Rail and other approved hospital furniture write*

**FRANK A. HALL & SONS**  
Since 1828

200 Madison Avenue, New York 16, N. Y.  
Factories at 120 Baxter Street, New York and Southfield, N. Y.  
HALL BEDS WEAR LONGEST—GIVE BEST SERVICE



**OPERATING ROOM LINED WITH STAINLESS STEEL** . . . an unusual use for ENDURO, but it demonstrates the versatility of this metal. Because of the technique employed, it was necessary to line three operating rooms so as to maintain an electrical shield. Each operating room is 13 ft. by 13 ft. and 9 ft. high. The walls are paneled with No. 26 gauge ENDURO applied with a novel snap-on type of construction. Floors are covered with No. 16 gauge ENDURO. Even the windows and radiators are covered.



## ... SANITARY? YES, BUT IT HAS OTHER ADVANTAGES, TOO!

Because of its sanitation and ease of cleaning, Republic ENDURO Stainless Steel now is being widely used in practically every type of hospital, clinic and laboratory. But this versatile metal has many other advantages which recommend it for hospital use.

ENDURO is strong and tough—withstands rough usage and abuse. Its surface never needs to be restored—will not chip, crack or turn black—because it is solid stainless steel all the way through. It resists rust and corrosion. Its

silvery luster lasts indefinitely. And it resists heat, too.

Its cost? You have a pleasant surprise awaiting you, because ENDURO Stainless Steel has proved over a period of 20 years in hospital service that it *costs less in the long run*. We shall be glad to send further information if you will write us.

### REPUBLIC STEEL CORPORATION

*Alloy Steel Division • Massillon, Ohio*  
**GENERAL OFFICES • CLEVELAND 1, OHIO**  
 Export Department: Chrysler Building, New York 17, New York

# Enduro

## STAINLESS STEEL

REG. U. S. PAT. OFF.



✓ **Check ALL 10 Advantages:** • RUST AND CORROSION-RESISTANCE • HEAT-RESISTANCE • HIGH STRENGTH • NO METALLIC CONTAMINATION • SANITARY SURFACES • EASY TO CLEAN • EYE APPEAL • EASY TO FABRICATE • LONG LIFE • LOW COST.







● First cost is often a minor matter.  
Equipment made of Allegheny Metal lasts and keeps its beauty for a lifetime—cuts maintenance and depreciation costs to the bone. This pioneer stainless steel is really cheapest in the long run—and it's promptly available to your needs.

*Complete technical and fabricating data—engineering help, too—yours for the asking.*

## **ALLEGHENY LUDLUM STEEL CORPORATION**



*The Nation's Leading Producer of Stainless Steel in All Forms*

Pittsburgh, Penna. . . . Offices in Principal Cities

Allegheny Metal is stocked by all Jos. T. Ryerson & Son, Inc., Warehouses

# HOW THIS FLOOR WAS ADDED

## ...without enlarging the heating plant



Recent top floor addition to Sheboygan Clinic, Sheboygan, Wisconsin, is glazed with insulating *Thermopane* to help keep heat loss to a minimum. Architects and Engineers: Ellerbe and Company, St. Paul, Minnesota.

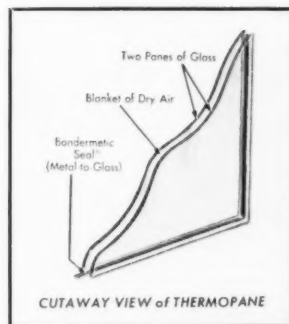
When Sheboygan Clinic added another floor in 1948, a design problem was to hold heat loss to a minimum so that the existing heating plant would be adequate to handle the extra load. The new floor had to be properly insulated . . . ceiling, walls *and windows*.

Therefore, *Thermopane*\* insulating glass was specified.

*Thermopane* is a sealed, double-glass windowpane. It increases the efficiency of your heating system, because it cuts heat loss through glass and saves fuel. Its sealed-in dry air keeps the inner pane near room temperature, minimizes condensation on the glass and reduces downdrafts. In summer, the layer of air keeps interiors cooler.

In hospitals it has been found that indoor temperatures and humidities are easier to control when windows throughout are *Thermopane*. It is also helpful in maintaining controlled conditions in special-purpose rooms. For complete details, write for our *Thermopane* book.

\*®



FOR BETTER VISION SPECIFY **THERMOPANE**  
MADE WITH POLISHED PLATE GLASS



# Thermopane

MADE ONLY BY LIBBEY-OWENS-FORD GLASS COMPANY  
29109 Nicholas Building, Toledo 3, Ohio

# SERVE TURKEY

YOU CAN'T FIND A BETTER  
MEAT BUY - - -



THE BRASS RAIL RESTAURANT — NEW YORK CITY

With a 25 to 30 per cent larger turkey crop than last year and a substantial drop in turkey prices, the turkey-meat price ratio is now entirely favorable to turkey. No wonder food purveyors are turning to turkey as the meat cost cutter . . . a trend which started immediately after the war and is now increasing rapidly. For example, "sixty per cent of all poultry purchases in hotels and restaurants of the better class are now turkey," to quote one foremost national authority.

Why are turkey sales up? Because turkeys cost less—less per ounce of edible boned meat;

less for labor cost to prepare and serve; less waste, and more tender, flavorful white meat per dollar cost.

Yes, turkey is the year-round, economical, versatile meat for these budget-stretching times.

**Write for FREE Turkey Handbook**

Written by and for food buyers, chefs, and dietitians of hotels, restaurants, clubs, hospitals, schools and other food-serving institutions. 68 pages; profusely illustrated, complete with yield tables, preparation and handling hints, carving and serving tips, and more than 70 delightful quantity cookery recipes by many of America's foremost chefs.

**NATIONAL TURKEY FEDERATION**  
Mt. Morris, Illinois

Send me free copy TURKEY HANDBOOK  
(extra copies 25c each).

My name and position

Firm

Street or P. O. Box

City and State

**NATIONAL TURKEY FEDERATION**

SERVING THE 250 MILLION DOLLAR TURKEY INDUSTRY

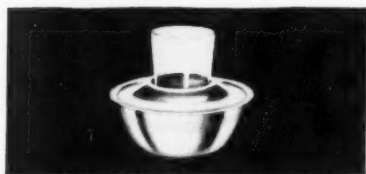
MT. MORRIS



ILLINOIS



**ANOTHER WALLACE CREATION**  
*A Multiple-Use Bowl*  
*... designed especially for the hospital!*



**1939 WALLACE MULTIPLE-USE BOWL**

Bowl with Fruit Juice Ring and Glass. Use for serving iced fruit and vegetable juices.



Bowl with Fruit Cocktail Ring and Glass. Use for serving iced fruit and sea food cocktails, ice cream, jello, jellied consomme, custards, etc.



Hot cereals and soup are served in covered bowl. Without cover, it is ideal for baked apple and other fruit, cold cereals, etc.

If desired Bowl, Rings and Cover may be purchased separately. Wallace Hospital Holloware is 18% nickel silver base, silver soldered and plated with pure silver. It is durable, as well as handsome!

(For further details, consult your Wallace supply dealer, or write to us.)

**WALLACE SILVERSMITHS**  
*Wallingford, Connecticut*

# B L O D G E T T

SECTIONAL  
AND  
MULTI-DECK

Gas Fired

## O V E N S

FOR

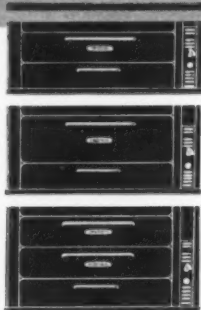
ROASTING, BAKING  
AND  
GENERAL COOKERY



No. 959  
Combining a Roasting  
and a Baking Section



No. 151  
One of the 150 Series



### THE BASIC 3

Each 900 Series Oven is composed of the individually controlled units above, either singly or in combination.  
Comptmt. A—Shelf Size—B  
Single 7" 33"x22" 42"x32"  
Double 7" 33"x22" 42"x32"  
"Single 12" 33"x22" 42"x32"  
\*Fitted for extra removable shelf.

There are twenty-four models—each formed from one or more Blodgett's "BASIC THREE" sections—to meet every cooking need.

You may select the proper oven for your needs from one of the following:

Cat. No.	Shelf Size	Number of Compartments	Number of Controls
911	A	1...7"	1
961	B	1...7"	1
912	A	2...7"	2
962	B	2...7"	2
913	A	3...7"	3
963	B	3...7"	3
931	A	2...7"	1
981	B	2...7"	1
932	A	4...7"	2
982	B	4...7"	2
910	A	3...7"	2
960	B	3...7"	2
901	A	1...12"	1
951	B	1...12"	1
902	A	2...12"	2
952	B	2...12"	2
909	A	1...12"	2
		2...7"	
959	B	1...12"	2
		1...7"	
906	A	1...12"	2
		1...7"	
956	B	1...12"	2
		2...7"	
907	A	1...12"	3
		2...7"	
957	B	1...12"	3

A...33" x 22" shelves  
B...42" x 32" shelves



### The PYRASTOVE

Blodgett's revolutionary new, all-purpose stove. All-steel. Square. Top heats 30% faster. Rocket-to-whisper heat from universal 3-ring, 3-control burner, with 466 stainless steel ports. 24" high, 22 1/2" square, 8"-12"-16" openings, in 3/4" machined steel top.

**GENERAL DATA**—Blodgett Ovens use manufactured, natural, mixed or liquefied petroleum gases. When ordering, specify type of gas, Btu. content, specific gravity and pressure. Maximum gas input as follows: 33" x 22" x 7" section—20,000 Btu.; 33" x 22" x 7" double sections—27,000 Btu.; 33" x 22" x 12" section—22,000 Btu.; 42" x 32" x 7" section—36,000 Btu.; 42" x 32" x 7" double sections—41,000 Btu.; 42" x 32" x 12" section—38,000 Btu.

### OVEN CAPACITIES

To ascertain capacity of any oven, multiply number of decks in unit by capacity for appropriate sizes listed herewith. 12"-high compartments are equipped for an extra, removable shelf. Sections are crated separately. Minimum entry clearance required for each section is as follows: 7" high sections—22 1/2", 12" high section—27 1/2", two deck section—31 1/2".

Capacities	33"x22"	42"x32"
10" pie tins	6	12
18 x 26 bun pans	1	2
1 lb. loaves	12	24
9 x 7 roll pans	9	16
19 x 4 pullman loaves	8	14
Cup tins (13 x 10 1/2)	4	9
200 steam table pans	2	4
3 bean pots	8	20
5" round casseroles	24	48
Potatoes #60	30	60
Potatoes #140	70	140
Roast pans (standard)	1	2

**THE G. S.  
BLODGETT  
COMPANY, INC.**  
50  
LAKESIDE AVE.  
BURLINGTON  
VERMONT

*Makers of Fine Ovens Since 1848*



**D**oubt no more —

**W**ait no longer —

**S**ee for yourself in a matter of seconds how

## **Ac'cent** INTENSIFIES THE NATURAL **FLAVOR OF FOODS**

Ac'cent is perhaps the most unusual item in the food world today. Not a flavoring, not a condiment, adding no flavor, aroma or color of its own, it brings out the *natural* flavor of the food itself. It requires no change in regular recipes; you prepare and cook as usual—simply *add* a bit of Ac'cent.

Definitely proved, too, is the interesting fact that Ac'cent helps to *conserve* flavor—guards against “flavor-loss” in waiting, heating, serving.

Ac'cent is a 99+ % pure MSG—mono sodium glutamate in crystal form. Scientists say that, unlike any seasoning known, Ac'cent urges the taste buds to a quick, intense and *sustained* appreciation of food flavors.

Ac'cent is effective in a wide variety of foods . . . in meats, poultry, seafoods, soups, gravies, vegetables, sauces and dressings.



**Mail the coupon below—  
make this convincing test!**

Take two cups of your own soup—the same soup from the same kettle. Into *one* of the cups drop  $\frac{1}{2}$  teaspoon of Ac'cent and stir gently. Taste both cups. You will immediately and surely detect the surprising improvement in the soup with Ac'cent. Actually, there will be *no comparison* between the two! If, after making this test, you can say that there is not a *pronounced* difference in the taste of the two cups of soup, return the canister of Ac'cent, and your money will be refunded at once.



**Ac'cent®**

**makes food  
flavors sing**

Trade Mark "Ac'cent" Reg. U.S. Pat. Off.  
Printed in U.S.A.

Amino Products Division, Dept. MH-10  
International Minerals & Chemical Corporation  
20 North Wacker Drive, Chicago 6, Illinois

Please send me a trial canister (4 ounces) of Ac'cent @ 90c. Check attached. Also send complete information and directions.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_  
Associated with \_\_\_\_\_  
(Institution or Company)

## Fund Raising Counsel

*For a quarter century our campaigns have succeeded not only financially, but in the excellent public relations we have established for our clients.*

*Consultation without obligation or expense.*

CHARLES A. HANEY  
& ASSOCIATES

INCORPORATED  
259 Walnut St. • Newtonville, Mass.

**SHAKE WELL  
BEFORE USING**

1305

**KEEP IN REFRIGERATOR**

3097

**POISON**

1304

**EYE DROPS**

1648

**EAR DROPS**

1649

**NOSE DROPS**

1625

**AFTER MEALS**

872

**SPECIAL PACK  
OF STOCK LABELS**  
(ASSORTED)

500 of a KIND (5 KINDS)  
for \$2.00.

1000 of a KIND 60¢

We'll Pay the Postage if You  
Remit with Order.

2058

**CANNOT REFILL**

3150

**USE AS A GARGLE**

873

**BEFORE MEALS**

1577

**FOR EXTERNAL USE ONLY**

Complete line of boxes and labels for pharmacy use. Write for catalog.

**Phoenix Label Co.**  
Printers for Drug Profession Since 1910

4124 PENN ST. LOGAN 7522  
WESTPORT STATION P. O. BOX 5925  
KANSAS CITY 2, MO.



## AMERICA'S HEADQUARTERS for FOOD SERVICE EQUIPMENT

The big, block-long DON BUILDING is more and more becoming the shopping headquarters of the country for food service equipment and supplies. DON has the facilities to serve your needs better and faster. The efficient office force — the 720-foot RECEIVING DOCK, largest of its kind in the industry. The DON EXHIBITION HALL offers the opportunity to feel, inspect and have demonstrated whatever you want to buy.

DON regularly sells 50,000 items, such as glassware, chinaware, pots, pans, ranges, furniture, kitchen utensils, bar supplies, fountain supplies, janitorial and sanitation supplies. On every item, SATISFACTION GUARANTEED OR MONEY BACK. DON has just about everything necessary for successful operation of Hotels, Clubs, Institutions, Hospitals, Schools, Restaurants, Resorts, Fountains and wherever people eat, sleep, drink or play.

Watch for the wonderful values in every issue of the DON NEWS. It's FREE. Write DON any time for anything you need. Contact your DON salesman. In Chicago, Phone CALumet 5-1300.

**EDWARD DON & COMPANY**  
2201 S. La Salle Street Dept. 14 Chicago 16, Ill.

*More  
Coffee  
Flavor!*

that's why

*Continental  
Coffee*

**COSTS YOU LESS!**

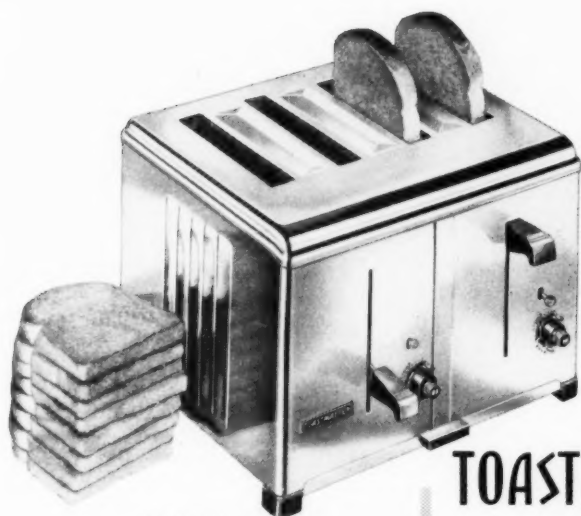
CONTINENTAL COFFEE COMPANY

CHICAGO 90, ILL.

BROOKLYN 1, N. Y. PITTSBURGH 22, PA.

TOLEDO 1, OHIO

Importers, Roasters—Member: New York  
Coffee & Sugar Exchange, Inc.



4-SLICE MODEL 1D2

Toasts over 250 slices per hour.

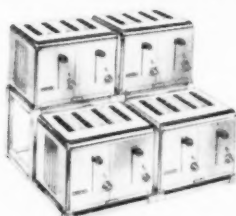
\$99.50, Fair Trade Price.  
(Fed. Excise Tax Incl.)



## TOASTMASTER TOASTERS

*come in six sizes to suit every  
hospital...large or small!*

### A Toaster for every Hospital Need!



**FOR THE MAIN KITCHEN . . .** The 16-slice, Model 4-1D2-D (above), is ideal for hospital main kitchens. That's because it has plenty of toasting capacity—pops up over 1000 slices per hour!

\$410.00, Fair Trade Price.  
(Fed. Excise Tax Incl.)

### FOR THE DIET KITCHENS

The 2-slice, Model 1BB-4 (right), is perfect for diet kitchens. It pops up over 125 slices of toast per hour. Equipped with cord to plug into any wall outlet.

\$52.00, Fair Trade Price.  
(Fed. Excise Tax Incl.)



**WHATEVER YOUR HOSPITAL'S SIZE,** there's a "Toastmaster" Toaster to fit your needs. Sizes range from the 2-slice model on up to the 16-slice—with capacities from 125 to 1000 slices per hour.

**HERE IS TOAST THAT'S** perfect every time. No scraping, no re-toasting, no time lost or bread wasted. The "Toastmaster" Toaster is completely automatic, requires no watching, no waiting. Bread is simply dropped into slots—the lever is pressed down—and when done to perfection, toast pops up and current shuts off. So, your personnel can make toast while attending to other duties.

**THIS TOASTER GIVES YOU** operating economy, too. It needs no pre-heating. It uses current only while toasting . . . and each pair of slots is individually controlled. So, it saves on electricity.

**SOLID, HEAVY-DUTY CONSTRUCTION** gives the "Toastmaster" Toaster that extra margin of strength to meet the demands of institutional use. Its extra-thick chromium-plated finish is durable and easy to keep clean.

**TRY PUTTING A "Toastmaster"® Toaster** on diet-kitchen duty. You'll be happily surprised at the time and steps it saves. More and more hospitals are constantly supplementing their main-kitchen toasters in this manner. See if you, too, don't discover that less time is spent on food service—more, on other tasks. Call your food-service equipment dealer, today.

## TOASTMASTER AUTOMATIC POP-UP TOASTERS

\*"TOASTMASTER" is a registered trademark of McGraw Electric Company, makers of "Toastmaster" Toasters, "Toastmaster" Wafer Bakers, "Toastmaster" Roll and Food Warmers, and other "Toastmaster" Products, Corp., 1949, TOASTMASTER PRODUCTS DIVISION, McGraw Electric Company, Elgin, Ill.

Dept. G-109

TOASTMASTER PRODUCTS DIVISION, McGraw Electric Company, Elgin, Ill.

☐ Send me complete information on "Toastmaster" Toasters.

☐ Send me complete information on "Toastmaster" Roll and Food Warmers.

Name.....

Institution.....

Address.....

City.....Zone.....State.....

My Dealer's Name.....

*"Of course . . . it's Electric!"*

# Canned Foods as a Source of Riboflavin

(VITAMIN B<sub>2</sub>)

**No. 4 in a series which summarizes the conclusions about  
canned foods reached by authorities in nutrition research**

Riboflavin is a "nutritional well-being" vitamin and the amount of this nutrient in the food consumed plays an important part in general health, efficiency, and vigor. (1) A deficiency usually results in cheilosis and characteristic ocular symptoms.

Riboflavin is very widely distributed over both the plant and animal kingdoms although in relatively small concentrations. (2) It is a part of an enzyme system essential in tissue respiration and it has been suggested that riboflavin may be involved in the metabolic proc-

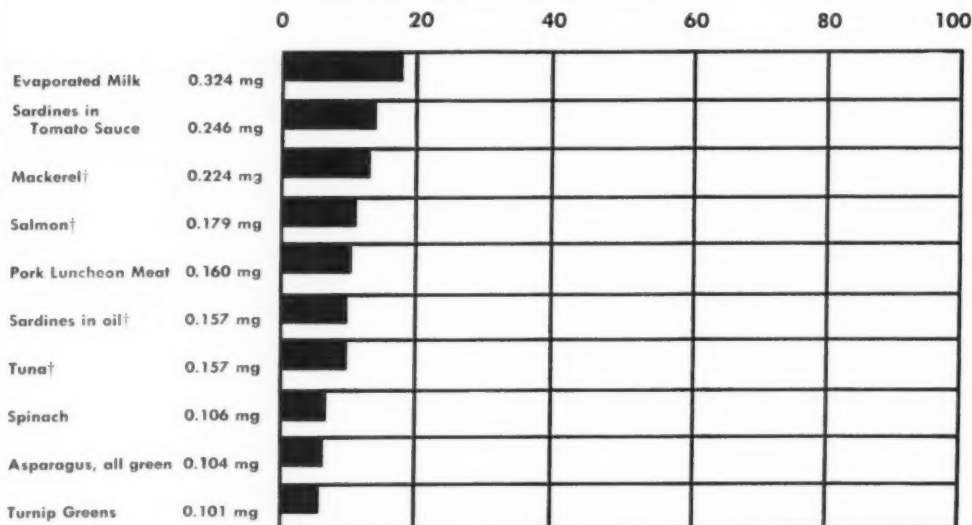
ess of all active cells.

Since riboflavin is present in only small amounts in most foods, a variety of foods should be consumed daily in order to insure an adequate intake. Liver is the richest source; milk is the most common source, followed by cheese, eggs, meat, fish, and green leafy vegetables.

Heating does not destroy riboflavin; consequently, canned foods retain in good degree the nutrient found in the raw product. (3) A number of commercially canned foods are significant sources of riboflavin. (4)

## Percentage of Recommended Daily Allowance\* in 4-oz. (113 grams) Serving (4)

(Based on analysis of the entire can contents)



\*Brine or oil discarded.

\*Percentage based on Recommended Daily Allowance—1.8 mg for physically active male—National Research Council.

(1) 1943. *Chemistry of Food and Nutrition*. H. C. Sherman. Page 374. MacMillan, New York.

(2) 1945. *Chemistry and Physiology of the Vitamins*. H. R. Rosenberg. Page 154. Interscience, New York.

(3) 1944. *Rose's Foundation of Nutrition*. MacLeod and Taylor. Page 316. MacMillan, New York.

(4) 1947. *The Canned Food Reference Manual*. American Can Company. Adapted from pages 249, 250. New York.



AMERICAN CAN COMPANY • 230 Park Avenue, New York 17, New York



The Seal of Acceptance denotes that this advertisement has been reviewed by the Council on Foods and Nutrition of the American Medical Association and has been accepted by them.

# Portion Control Means Calory Control *Plus* Cost Control



Model 805 is a newer member of the U. S. line—a precision-built slicer that feeds itself!

*Quality Food Machines*



Wells Quikut Saw



U. S. Standard Scale



Tendersteak Machine



Enterprise Chopper

**A**LWAYS sharp, for clean, accurate slicing. Easily taken down for cleaning. Dependable in service day-in and day-out. These are qualities of the Model 805 Slicer that have won instant appreciation in hospital and institution kitchens. And these qualities of performance and reliability are distinguishing marks of the entire U. S. line of food machines.

Compact, good-looking and economical, the Model 805 provides fast, effortless slicing of hot or cold boneless meats, vegetables, fruits, cheese or bread in any thickness up to  $\frac{3}{4}$ ", right down to

the last edible piece. Permanently attached sharpener makes it easy to keep a razor-keen edge on the high carbon steel knife. Receiving tray is removable for convenience in transporting slices and there is an illuminated "radio dial" which makes selection of the correct thickness quick, easy and accurate.

For portion control that will delight your dietitian and your auditor as well, mail coupon now for your free copy of the Food Cost Control Card described below. Check for detailed information about any of the food machines which interest you.

**U. S. SLICING MACHINE CO., INC., La Porte, Indiana**

"Berkel" "Enterprise"  
"Tendersteak" "Quikut"  
Reg. U. S. Pat. Off.

**FREE!**

Cost Control Card. Helps you regulate slicing thickness for meats, cheese, vegetables and bread. Mail coupon now for your free copy.

.....  
• **U. S. Slicing Machine Company, Inc., Dept. MM, La Porte, Indiana**  
• Please send my free "Food Cost Control Card"—also full information on  
• ☐ U. S. Slicers ☐ Tendersteak Machines ☐ Choppers ☐ Scales ☐ Saws.

Name

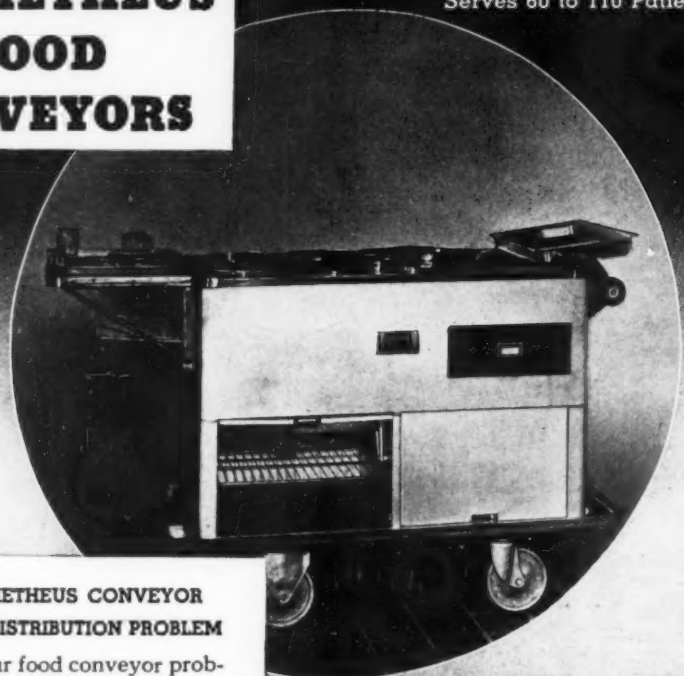
Street

City  State



# PROMETHEUS FOOD CONVEYORS

Standard Model No. 1038  
Serves 60 to 110 Patients



## THERE IS A PROMETHEUS CONVEYOR FOR EVERY FOOD DISTRIBUTION PROBLEM

No matter what your food conveyor problem may be, PROMETHEUS has a model to meet your requirements or will design a special conveyor to fill your individual needs. The engineering and manufacturing experience of our organization is at your service for this purpose.

PROMETHEUS conveyors are scientifically designed for greatest efficiency in practical day by day operation. They are strongly built of the finest materials and will give many years of satisfactory service. Backed by 40 years of experience, PROMETHEUS food conveyors have no superior.

PROMETHEUS conveyors are attractive in appearance, compact in size, easy to handle, economical in cost, economical to operate and use a minimum of current. Approved by Underwriters Laboratory.

*Send for descriptive circular giving full details of various designs, capacity and special features.*



PROMETHEUS electrically heated tray conveyor. For central tray service or special diet service. Sturdily constructed, attractively designed and extremely mobile. PROMETHEUS tray conveyors offer the perfect solution to many hospital problems of food service.

# PROMETHEUS

ELECTRIC CORP., 401 WEST 13TH ST., NEW YORK 14, N. Y.

# SWING-WASH<sup>\*</sup>

**NEWEST THING IN DISHWASHERS!  
A CLEANER DISHWASHING ACTION!**

You wouldn't buy a car unless it had top-modern driving features—see to it that your new dishwasher has the latest in cleansing features.

Swing-Wash<sup>®</sup> (exclusive to Universal) is the most important improvement yet to be made in the modern commercial type dishwasher.

Swing-Wash<sup>®</sup> Action swings the basket of dishes back and forth through a powerful wash spray—cleans from every possible angle—reaches every square inch of dish surface—produces the kind of thorough cleanliness that Board of Health inspectors like to see.

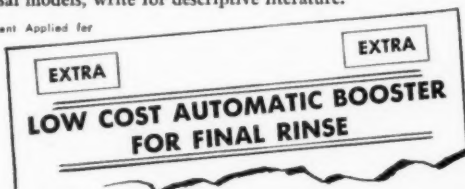
The Universal Swing-Wash<sup>®</sup> feature is available in Models HD, M and E single tank, door machines; also in certain automatic conveyor type machines.

The complete Universal line comprises 18 DIFFERENT SIZE MODELS—permitting you to pick just the right economy-size.

**18 MODELS TO CHOOSE FROM, CAPACITIES FROM  
625 TO 15,000 DISHES PER HOUR**

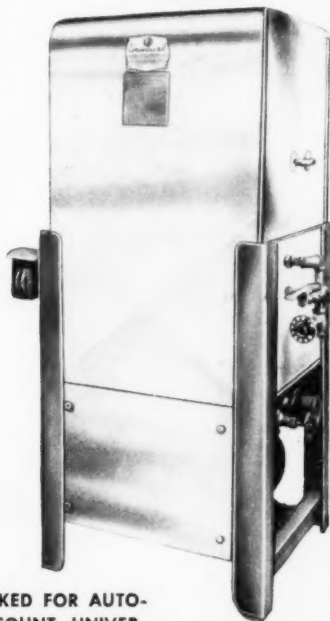
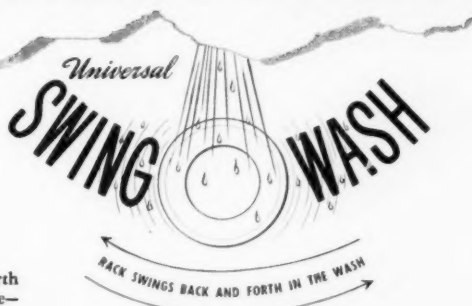
For information on Swing-Wash<sup>®</sup> Action and on the regular Universal models, write for descriptive literature.

\*Patent Applied for



Universal offers a built-in thermostatically controlled, electrically heated booster for gas or electric machines. Gives a 35- to 40-degree rise in one minute. This is an optional feature, priced to offer you big booster equipment savings.\*

**\*FOR YEARS, HEALTH AUTHORITIES HAVE ASKED FOR AUTOMATIC BOOSTERS TO DECREASE BACTERIA COUNT. UNIVERSAL IS THE FIRST COMMERCIAL DISHWASHING MACHINERY COMPANY TO OFFER THIS NEW, AND MUCH-NEEDED FEATURE.**



*Universal*

**DISHWASHING MACHINERY CO.**

**49 WINDSOR PLACE, NUTLEY, NEW JERSEY**



HAPPY FAMILY LANDINGS!

"fresh up"  
with  
Seven-Up!

**THE ALL-FAMILY DRINK!**

Sparkling 7-Up takes an active part in family fun. Its good cheer and fresh, clean taste appeal to *all* members of the family—all ages, from the oldest to the very youngest.

*So pure... So good...  
So wholesome  
for everyone!*



Copyright 1949 by The Seven-Up Company

*You like it... it likes you!*



# THE PATIENT'S DOING FINE

with a  
**STANLEY**

## BEDSIDE COMPANION

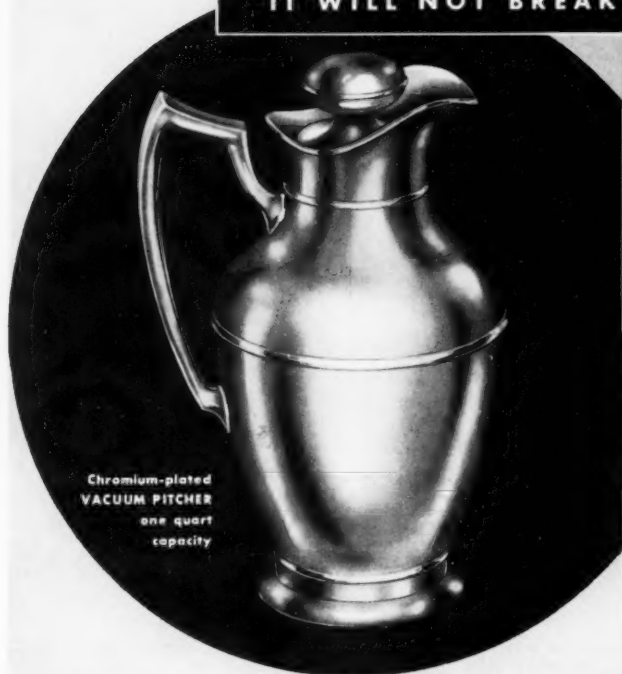
Let the patients help themselves. They're sure to enjoy it with Stanley service. These graceful pitchers hoard liquid temperature for hours . . . keep beverages refreshing to the last sip. With a Stanley Vacuum Pitcher or Servitor to brighten the sickroom, constant refilling becomes unnecessary. Nurses are saved extra steps and precious minutes every day.

Stanley pitchers are easy to sterilize. Boiling water cannot harm the lining nor tarnish the cheerful chromium-plated outer shell. You're assured years of service and luxurious beauty with Stanley. Remember, "It will not break."



# STANLEY

"IT WILL NOT BREAK"



Chromium-plated  
VACUUM PITCHER  
one quart  
capacity



Chromium-plated  
VACUUM SERVITOR  
24-oz. capacity

- Crack-Proof and Chip-Proof, Nothing to Break
- Do not Require Replating nor Constant Polishing
- Stainless Steel Lining Prevents Metallic Taste
- All Seams Are Air-Tight, Water-Tight

for GENUINE STANLEYS, write . . .

## STANLEY INSULATING DIVISION

LANDERS, FRARY & CLARK  
New Britain • Conn.

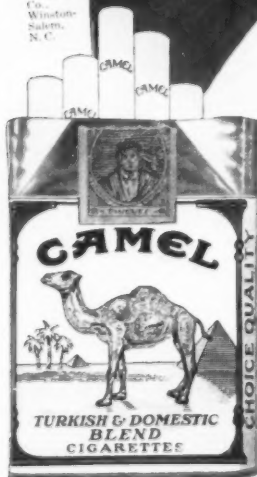
30-DAY TEST REVEALED

*"Not one single case of throat  
irritation due to smoking Camels!"*



Yes, that's what throat specialists reported after making weekly examinations of the throats of hundreds of men and women from coast to coast who smoked Camels, and only Camels, for 30 consecutive days.

R. J.  
Reynolds  
Tobacco  
Co.,  
Winston-  
Salem,  
N. C.



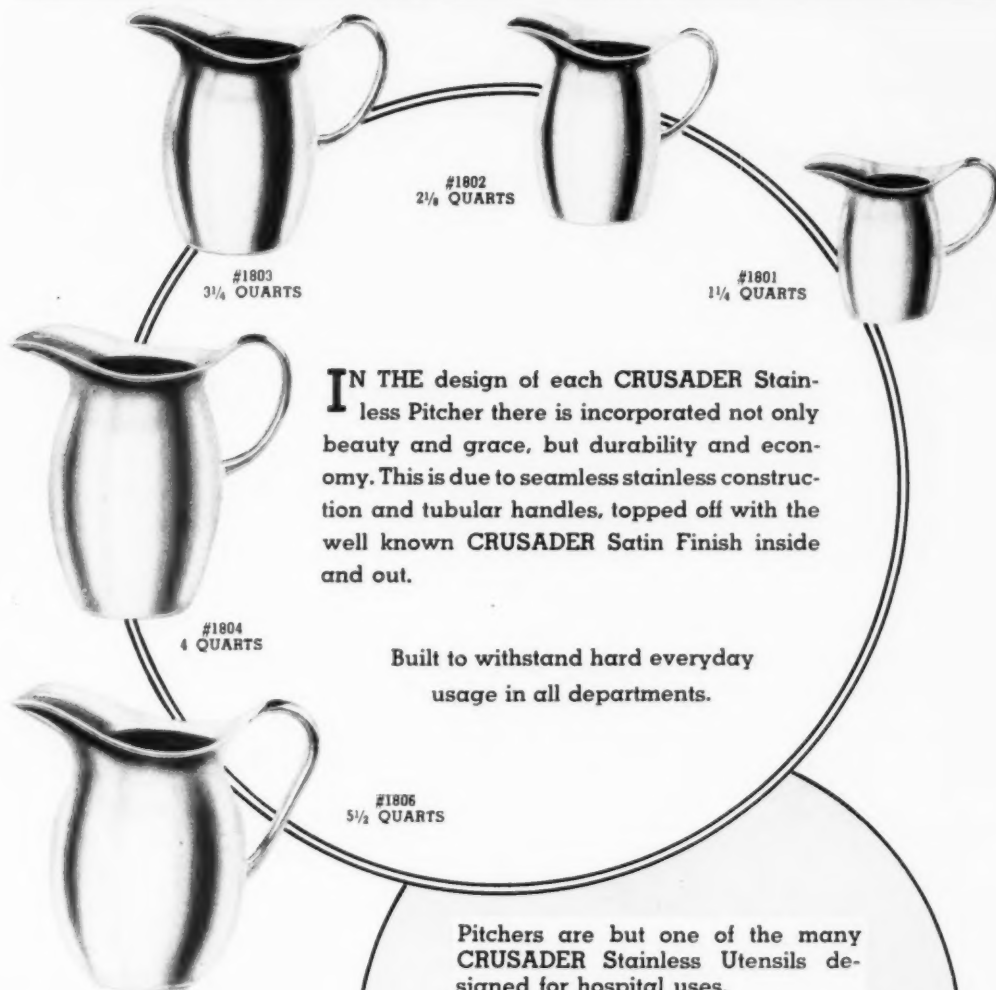
According to a Nationwide survey:

*More Doctors smoke Camels  
than any other cigarette*

When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!



## THE FINEST PITCHERS MADE FOR HOSPITAL USE



**I**N THE design of each CRUSADER Stainless Pitcher there is incorporated not only beauty and grace, but durability and economy. This is due to seamless stainless construction and tubular handles, topped off with the well known CRUSADER Satin Finish inside and out.

Built to withstand hard everyday  
usage in all departments.

Pitchers are but one of the many  
CRUSADER Stainless Utensils de-  
signed for hospital uses.

Consult your Equipment Supplier Today!

*Compare Prices*

Then Buy CRUSADER STAINLESS  
and HAVE THE BEST.

Backed by . . .

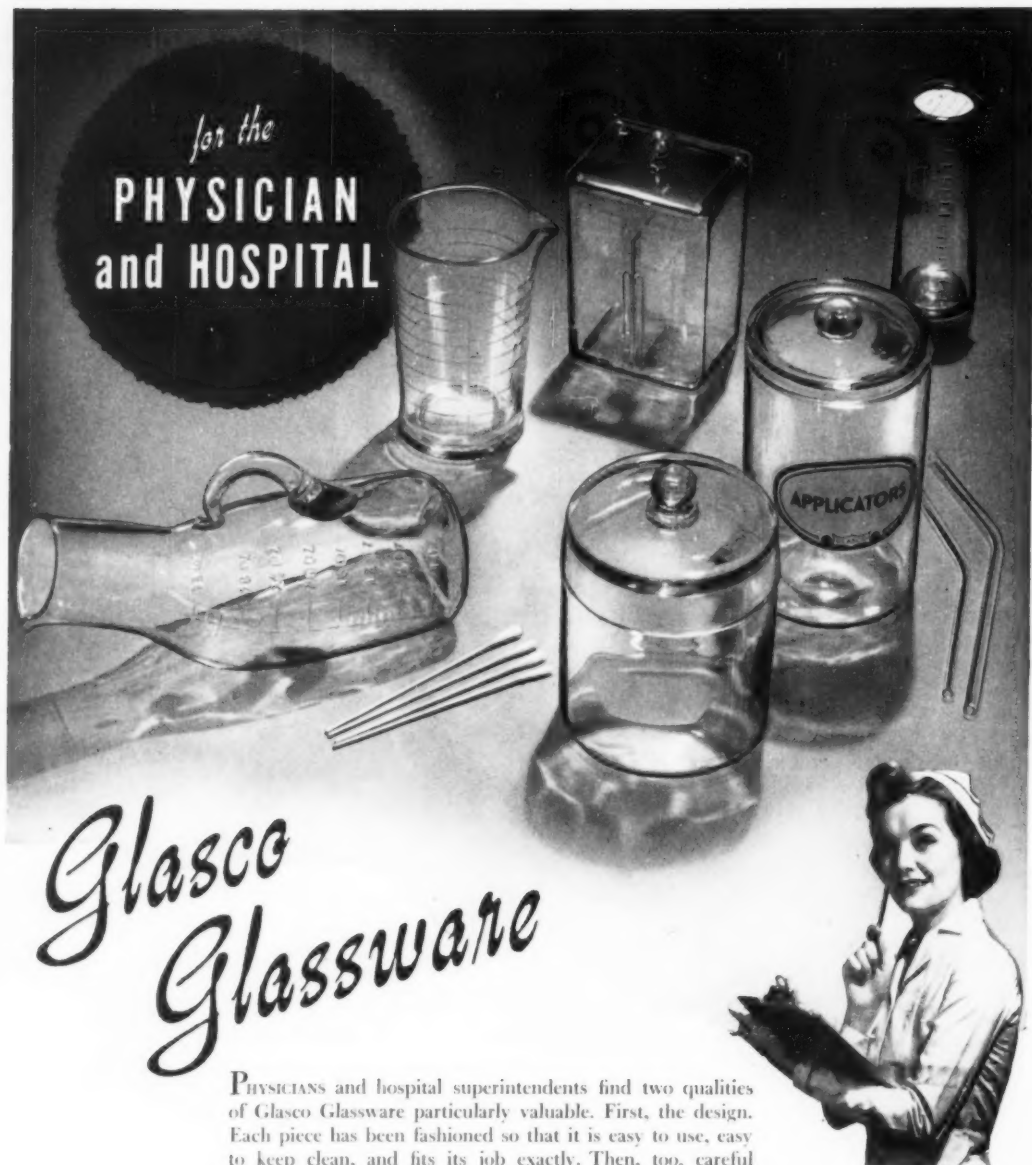
*"Nearly 100 years of  
L & G Craftsmanship!"*



# CRUSADER Stainless WARES

LALANCE & GROSJEAN MFG. CO. WOODHAVEN 21, N. Y.

for the  
**PHYSICIAN  
and HOSPITAL**



*Glasco  
Glassware*

PHYSICIANS and hospital superintendents find two qualities of Glasco Glassware particularly valuable. First, the design. Each piece has been fashioned so that it is easy to use, easy to keep clean, and fits its job exactly. Then, too, careful annealing and sturdy walls give it long life that means definite savings.

These features—and many more—are making Glasco Glassware first choice in more and more hospitals. You'll find it worthwhile, too, to specify Glasco whenever you need glassware.

**GLASCO PRODUCTS CO.**

111 NORTH CANAL STREET, CHICAGO 6, ILLINOIS

*New instrument!  
New material!  
Old reliability!*



Edward Weck, Founder, 1890.



JOHN SCHAEFER,  
40 years a Weck craftsman.



The new Strauch  
Screw Pin, with the  
detachable shank,  
FOR THE REPAIR  
OF HIP FRACTURES,  
disassembled, reduced.

**NEW INSTRUMENT**—the new screw-pin with detachable shank for repair of hip fractures was originated by Dr. C. B. Strauch, Hazel Green, Wis., and it is applied through the skin, just as easily as a Steinmann pin. The shaft can readily be separated from the threaded part, leaving the screw in place.

*No cast or external fixation is necessary.*

Fracture of the hip occur most frequently in elderly folks, who do not tolerate operations any too well, so this New INSTRUMENT is a genuine boon to the Old. They are against immobilization.

This pin can be used by any physician with a well equipped office and an X-ray machine.

**NEW MATERIAL**—but to make this New INSTRUMENT took many man-power hours of skilled Weck craftsmen, as exemplified by John Schaefer, forty years a Weckman. This new alloy—it is a stainless steel—has perfect passivity—human bone and tissue accept it without any reactions. We call this new material **WECKONIUM**, it may be left in the human body indefinitely.

**OLD RELIABILITY**—thus here we have a brand new instrument, made out of most modern of new materials, manufactured by the Old reliable House of Weck, founded in 1890 by the late Edward Weck. Another instance of carrying out Mr. Weck's creed: "... not necessary to pretend to sell a dollar's worth for fifteen cents ... there are many glad to patronize where they can feel sure of receiving, at all times, an honest dollar's worth for a dollar."

**FREE UPON REQUEST**—a reprint of Dr. Strauch's article on this new screw-pin, which appeared in the August 1948 issue of *AMERICAN JOURNAL OF SURGERY*.

Or, better yet order with safety the recommended Strauch unit outfit of 2 shafts, with holding rods; 2 4" screw pins, 2 3 3/4" screw pins, 2 3 1/2" screw pins and 3 10" Steinmann pins 3/32 size, for \$25.00. **GUARANTEED UNCONDITIONALLY** as to material, workmanship and service by the 59-year old house of Weck.

REMEMBER WECK INSTRUMENTS ARE "MADE CORRECT"—SOLD DIRECT

**EDWARD WECK & CO., INC.**

Manufacturers of Surgical Instruments

SURGICAL INSTRUMENT REPAIRING • HOSPITAL SUPPLIES

135 Johnson Street • Brooklyn 1, N.Y.



FOUNDED 1890

for a wider margin of  
clinical safety, specify

*d*-tubocurarine Chloride Solution **CUTTER**

- Maximum pentothal-curare compatibility
- 99.7% chemical purity accurately standardized by weight affords
  - greater dosage accuracy
  - more definite physiological response
- No refrigeration required



*d*-tubocurarine Chloride Solution

**CUTTER**

Write for free booklet "Curare Chemically Pure"  
Cutter Laboratories, Berkeley 10, California, Dept. K-54

## Users of Berbecker Needles

"Cathedral of Healing" is this impressive hospital, the contribution of George Herbert Jones, founder of Inland Steel Company, and his Wesleyan colleagues, to provide Chicago with a hospital unique in all the world.

The twenty-story building, with central tower and four wings reaching skyward, was designed by Thielbar and Fugard. It contains 5 elevators, 618 beds, 16 operating rooms and equipment for serving 3,600 meals daily, placing the most advanced service within reach of every patient.



**WESLEY MEMORIAL HOSPITAL**  
CHICAGO, ILLINOIS

**JULIUS BERBECKER & SONS, INC.**  
15 E. 26th St., New York 10

**BERBECKER  
SURGEONS' NEEDLES**

MADE IN ENGLAND  
FOR THE SURGEONS & HOSPITALS OF AMERICA

Evenflo — Ideal For Premature and Normal Babies

**Evenflo\*** America's  
Most Popular  
Nurser  
"IT BREATHES AS IT FEEDS"



Modern Evenflo Nurser is commended by doctors and nurses for its better nursing action which helps babies finish their bottles better. They like its nipple, bottle, cap all-in-one which sanitarily seals nipple and formula. Write for special prices to hospitals.

Dept. M. THE PYRAMID RUBBER CO.  
Revere, Ohio

\*Reg. U.S. Pat. Off.

Evenflo — Approved by Doctors and Nurses

**EXACT  
STERILIZATION**

*Always*

STEAM-CLOX are the *only* controls that determine definitely, Time, Steam, Temperature, indicating the success or failure of your sterilizing technique. You know, positively, if every pack is absolutely sterile. STEAM-CLOX are automatic, certain. Absolutely will not react to dry heat.

*Write for -*

**FREE  
DEMONSTRATION  
SUPPLY**

STEAM-CLOX make your hospital error-proof in this vital department, and at a cost of only 2½¢ per pack. Write today for ample free supply for proving in your own autoclave. See for yourself why so many hospitals use STEAM-CLOX.

**ASEPTIC-THERMO INDICATOR COMPANY**  
Dept. 2, 5000 W. Jefferson Blvd., Los Angeles 16, Calif.

**ATI STEAM-CLOX**

# A PROVED SYSTEM OF IDENTIFICATION

(Adults and Babies)

**USED BY MANY  
LEADING HOSPITALS**

**A Soft Pliable Bracelet  
Contains Patient's Name  
(Permanently attached to  
patient's wrist)**

The Presco Identification System is the FIRST new practical system of identifying hospital patients, both adults and babies. It is used in over 20% of the hospitals today. Easy to use . . . a soft pliable bracelet contains the patient's name and is slipped around the wrist or ankle. It is one sure way of identification.

## HOW IT WORKS

Contains all the necessary materials to make 144 bracelets. Adjustable strips fit any size wrist. Name cards are slipped into the transparent plastic bracelet. There is room enough to include such identification as the patient's address, physician, fingerprint, etc. It cannot come off unless it is cut off.

## IDEAL FOR ADULT PATIENTS

All hospital administrators are familiar with the possibility of mistakes in giving medicines and treatments, in removing patients from original beds without proper transfer of bed tags, charts, etc., and mistakes caused by "drowsy" and foreign-nationality patients who fail to understand questions being asked. The Presco Bracelet is recommended for use in multiple-bed rooms, surgical cases, pediatrics, the morgue, and many other applications.

For **FREE** samples, write:  
**PRESCO COMPANY**  
526 N. Main  
Hendersonville, N. C.

**For ORDERS contact any one of these distributors:**

**A. S. ALOE COMPANY**

1831 Olive St., St. Louis 3, Mo.

**AMERICAN HOSPITAL SUPPLY CORP.**

2020 Ridge Ave., Evanston, Ill.

**MEINECKE & COMPANY, INC.**

225 Varick St., New York 14, N. Y.

**WILL ROSS, INC.**

3100 W. Center St., Milwaukee 10, Wisc.



PAT. PEND.

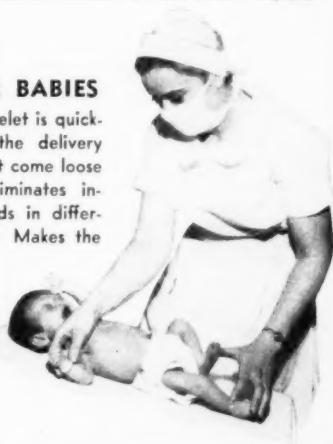
BRACELET  
MEASURES  
3/8" WIDE

## BUY THIS COMPLETE KIT:

This plastic kit contains all necessary materials, including: 144 complete bracelet-anklets (72 blue and 72 pink . . . adult bracelet also comes in all pink, all blue and all white), 1 pair 4 1/2" (chromed) surgical scissors, 2 pencils. **\$59.75**  
Refills are packed as follows: 144 complete bracelets packed same as above **\$43.20**

## IDEAL FOR BABIES

The Presco bracelet is quickly applied in the delivery room . . . cannot come loose or slip off. Eliminates inventory of beads in different initials, etc. Makes the nurse's job easier. It provides a keepsake for the mother.





# Good Nutrition..

## A VITAL FACTOR IN THERAPY



The sound and wholesome nutritious diet is an integral part of modern day preventive and definitive therapy. A steady stream of adequate amounts of all the essential nutritional elements is vital for good growth, maintenance of tissue structure and functioning, healing after trauma, and resistance to infection. For maintaining this daily, steady stream of nutrients, however, conditions both in health and illness often make imperative the use of an efficient food supplement along with the diet.

The *multiple dietary food supplement* Ovaltine in milk has wide usefulness for enhancing to full adequacy even nutritionally poor diets. Its rich store of vitamins

and minerals includes vitamins A and D, ascorbic acid, thiamine, riboflavin and niacin, and calcium, iron and phosphorus. Its nutritionally complete protein has excellent biologic rating.

Since these vital nutritional values along with carbohydrate and easily emulsifiable milk fat are incorporated in liquid suspension or solution, Ovaltine in milk is also especially adapted to liquid diets. The highly satisfying flavor makes for its ready acceptability when foods are often distasteful.

The important nutrient contribution of three glasses of Ovaltine in milk is presented in the accompanying table.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

## Ovaltine

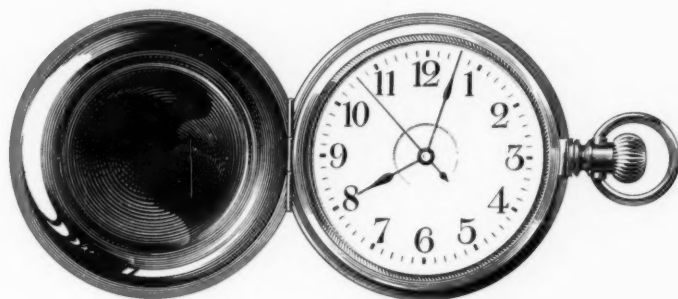
Three servings of Ovaltine, each made of  
1/2 oz. of Ovaltine and 8 oz. of whole milk,\* provide:

CALORIES	676	VITAMIN A	3000 I.U.
PROTEIN	32 Gm.	VITAMIN B <sub>1</sub>	1.16 mg.
FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYDRATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

\*Based on average reported values for milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.





*A few Minutes to* **Kill..**

In several investigations it has been demonstrated that Zephiran chloride is a fast acting antiseptic. It is potent enough to kill hemolytic streptococcus, staphylococcus, Escherichia coli and other pathogens after a few minutes' exposure. At the same time, it is less toxic than mercurials.

Fast acting, bactericidal Zephiran chloride is eminently suited to both office and hospital practice where speed of antiseptic action is so important.

*For your office and hospital practice, SPECIFY*

**Supplied as:** Aqueous Solution 1:1000, bottles of 8 oz. and 1 U. S. gallon. Tincture 1:1000, tinted and stainless, bottles of 8 oz. and 1 U. S. gallon. Concentrated Aqueous Solution 12.8%, bottles of 4 oz. and 1 U. S. gallon (1 oz.—1 U. S. gallon 1:1000 solution).

Zephiran, trademark reg. U. S. & Canada, brand of benzalkonium chloride (refined).

**Zephiran<sup>®</sup>**  
chloride  
**ANTISEPTIC**  
EFFECTIVE • SAFE • ECONOMICAL

*Winthrop-Stearns* INC.  
NEW YORK 13, N. Y. • WINDSOR, CANADA



# *International*

## Centrifuges of Proven Performance

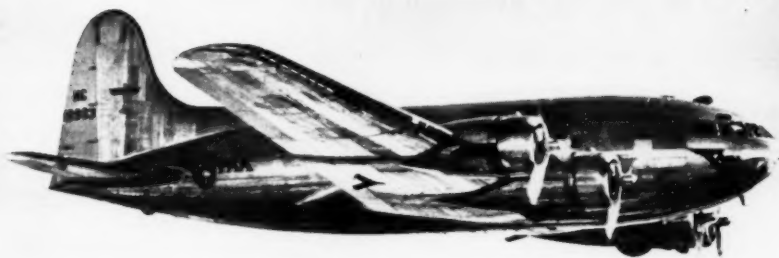
*When selecting your new Centrifuge—consider:*



- 1 The reliability of the electric motor that drives it.  
The motors of International Size 1 and Size 2 Centrifuges are specially designed to provide the best possible drive for a Laboratory Centrifuge. They are manufactured entirely in our own shops, thus eliminating the possibility of obsolescence through discontinuance by an "outside" manufacturer.
- 2 The range of its application.  
Interchangeable accessories designed specifically for International Centrifuges are available in wide variety, making the machines adaptable to practically every laboratory application. Your future requirements as well as your present needs should be considered.
- 3 The relation of first cost to total cost.  
Expensive repairs can make a low first cost a high cost in the long run. International Centrifuges are famous for their ability to give years of trouble-free service.
- 4 The reputation of the manufacturer.  
International's fifty years of specialization in the manufacture of Laboratory Centrifuges is your guarantee of unequalled performance.

**INTERNATIONAL EQUIPMENT COMPANY**

1284 SOLDIERS FIELD ROAD, BOSTON 35, MASS.



# Curity Catgut is Structurally Modern

## Modern Technics Demand Improved Suture Dependability

Yes, CURITY Catgut Sutures are on the beam! Right along with advancements in modern surgical science, the quality of CURITY Catgut has soared to its widely recognized high level.

Modern methods of chromicizing—*total chromicization plus natural ply adhesion*—as developed by CURITY Suture Laboratory, give surgeons a suture that provides not only predictable absorption, but more than adequate tensile strength. Thus by choosing a CURITY Suture of the right size and degree of chromicization, your surgical staff can maintain effective wound closure within a wide margin of safety.

Whatever the technic your surgeons employ, specify CURITY...CURITY Catgut.

Curity Suture Laboratory

**(BAUER & BLACK)**

Division of The Kendall Company, Chicago 16



SUTURE RESEARCH...TO ESTABLISH A FINE BALANCE  
OF NECESSARY CHARACTERISTICS



# Curity

REG. U.S. PAT. OFF.

**Balanced Quality assures  
proper suture function**

- adequate tensile strength
- ideal pliability
- gauge uniformity
- ideal strand surfacing
- absolute sterility
- minimal irritation
- dependable absorption through  
uniform and total chromicization

**ORDER THROUGH  
YOUR DEALER**

# Curity

REG. U.S. PAT. OFF.

## SUTURES

# "Talc is a Dangerous Agent in its present use as a Surgical Glove Lubricant"<sup>1</sup>

**SAFE SUBSTITUTE NOW  
AVAILABLE AT COST OF  
ONLY 2¢ PER OPERATION**

*Postoperative adhesions caused by glove powder have long been a serious concern of surgeons and operating room assistants.*

*All published studies agree that talc as a glove lubricant is unsafe. Animal experiments have shown the dangerous complications that follow talc implantation.*

\* \* \*

## EFFECTS IN TISSUE

**Talc consists chiefly of magnesium silicate. It causes granulomatous reactions in tissue, resulting in intra-abdominal adhesions, persistent sinus formation, or nodules in the wound.**

\* \* \*

"Implantation of glove powder may occur from unwashed gloves, perforations in gloves, spill on to sponges, instruments, and suture material, and by the air-borne route."<sup>1</sup>

\* \* \*

## SERIOUS COMPLICATIONS

*"The frequency of such contamination is attested by the increasing number of case reports of serious complications due to talc. Animal experiments show that the granulomatous reaction can be regularly produced in the peritoneum, pleura, pericardium, muscle, joint, nerve and tendon."<sup>1</sup>*

## FOREIGN BODY REACTION

German<sup>2,3</sup> found intra-abdominal granulomata which he proved came from foreign body reaction to talc in 10 out of 50 unselected patients subjected to a second laparotomy.

\* \* \*

Seelig<sup>4,5</sup> repeatedly demonstrated the danger of talc in mice, which are notably resistant to the production of adhesions, by injecting 2cc. of a 5% saline suspension of the powder intraperitoneally, and has stated that "the average surgeon cannot possibly perform this experiment and ever afterward face talcum powder with equanimity."

\* \* \*

## REPLACEMENT

**As a replacement for talc, a wholly safe and efficient dusting powder is now available. This new powder, called Bio-Sorb, is a mixture of amylose and amylopectin, derived from corn starch, with a small amount of magnesium oxide added. It is treated physically and chemically to assure good lubrication after sterilizing.**

\* \* \*

## COMPATIBLE WITH TISSUE

Bio-Sorb is compatible with body tissues and is rapidly absorbed. It does

not injure rubber gloves. It fits regular O.R. techniques. Costs less than 2 cents per operation. Bio-Sorb has been used over two years in several hundred hospitals. Complete literature mailed on request.

\* \* \*

## SAFETY CONFIRMED

*The findings of Lee and Lehman<sup>6</sup> that Bio-Sorb is safe have been confirmed by Lindenmuth<sup>7</sup> and MacQuiddy.<sup>8</sup> Postlethwait et al<sup>1</sup> concluded that "talc is a dangerous agent in its present use as a surgical glove lubricant," and stated that "a modified starch powder (Bio-Sorb) which is absorbed with little or no reaction is again suggested as a satisfactory substitute for talc."*

\* \* \*

## REFERENCES

1. Postlethwait, R. W., Howard, H. Lee, and Shamber, Paul W.—Comparison of Tissue Reaction to Talc and Modified Starch Glove Powder, *Surgery*, 1949, 25:22-29.
2. German, W. M.—Lupoid Saroid Reaction Induced by Foreign Body (Silica) *Am. J. Clin. Path.*, 1940, 10:243-250.
3. German, W. M.—Dusting Powder Granulomas Following Surgery, *Surg., Gyn. and Obst.*, 1943, 76:501-507.
4. Seelig, M. G., Verda, D. J., and Kidd, F. H.—The Talcum Powder Problem in Surgery and Its Solution, *J.A.M.A.*, 1943, 123:950.
5. Seelig, M. G.—Talcum as an Operating Room Hazard, *South. M. J.*, 1943, 38:470-472.
6. Lee, C. M., Jr., and Lehman, E. P.—Experiments with Nonirritating Glove Powder, *Surgery, Gynecology and Obstetrics*, 84:689-695, April 13, 1947.
7. Lindenmuth, W. M.—Personal communication. To be published.
8. MacQuiddy, E. L., and Tollman, J. P.—Observations on an Absorbable Powder to Replace Talc, *Surgery*, 1948, 23:786-793.



## BIO-SORB POWDER

**BRAND OF STARCH DERIVATIVE DUSTING POWDER**

*Available from Hospital and Surgical Supply Dealers*

ETHICON SUTURE LABORATORIES, DIVISION OF JOHNSON & JOHNSON, NEW BRUNSWICK, N. J.





#### TEL-O-SEAL CONTAINERS

For I.V. solutions. Permits routine sterility check during storage period. Available in 350, 500, 1000, 1500 and 2000 ml. sizes.



#### POUR-O-VAC CONTAINERS

For sterile water and saline techniques. Available in 350, 500, 1000, 1500, 2000 and 3000 ml. sizes.



#### AMP-O-VAC—

##### The Reusable Ampule

Reduces the waste of novocaine and similar medications by permitting periodic withdrawals as required without exposing balance of contents to air. Container and hermetic closure may be repeatedly sterilized. Available in 75 ml. size only.

• Fenwal representatives are equipped to assist you in the selection, installation and operation of equipment best adapted to meet the volume requirements of your hospital.

## Of immediate importance to you ...the HOSPITAL PHARMACIST

In spite of the current spiral of inflationary costs, your skill plus Fenwal Equipment and Technics can effect drastic reductions in the cost of intravenous solutions for your hospital.

### FENWAL ASSURES SAFETY, ACCURACY AND CONVENIENCE

- 1 Standardized equipment and technics which cover every phase of I.V. therapy; sterile water procedure; preparation of antibiotics in solution.
- 2 Specially designed PYREX Brand glass containers from 75 ml. to 3000 ml. Six practical sizes that accommodate interchangeable hermetic seals.
- 3 Reusable vacuum closures.
- 4 Automatic washing and filling equipment and accessory apparatus.
- 5 A background of 10 years of satisfactory operation in many leading hospitals throughout the world.

FENWAL offers to hospital pharmacists, by virtue of their scientific training, experience and position, the means of effecting substantial and immediate economies for affiliated hospitals . . . and in addition . . . the opportunity to enhance the prestige of their pharmacy services.

HEADQUARTERS FOR SCIENTIFIC  
GLASS BLOWING, LABORATORY  
AND CLINICAL RESEARCH AP-  
PARATUS, REAGENT CHEMICALS



ORDER TODAY or write today  
for further information

**MACALASTER BICKNELL  
COMPANY**

243 Broadway Cambridge 39, Massachusetts

# ANNOUNCING THE KIRBY-THURSTON CHOLELITHOPHONE



- For locating gallstones at time of operation
- More sensitive than rubber gloved fingers...
- More reliable than grasping forceps...



ANOTHER NEW  
INSTRUMENT BY-

*Pilling*

THIS easy-to-operate electro-acoustic device will detect and locate difficult-to-find gallstones at the time of operation.

When inserted into the duct, the sensitive probe upon contacting a stone can relay a characteristic signal to a loudspeaker. The amplifier can be tuned in before operation and set, or reset during operation if necessary, according to the surgeon's individual needs.

Although designed originally for gallstone location, its use has been suggested for the detection of other calculi. *Still other uses now under investigation* hold promise of further practical application.

The Kirby-Thurston Cholelithophone satisfies a surgeon's requirements for a practical instrument to detect and locate duct stones, and an engineer's specifications for trouble-free electronic construction.

Maintenance is simple, demanding no special skill. Probe parts are sterilizable. Upkeep is inexpensive, requiring only tube and plug-in condenser replacements once a year—at time of checking. It operates from any 115V 60 cps A.C. outlet.

A comprehensive brochure is available. Write for your copy today. This instrument is sold *exclusively* by Pilling. Orders are accepted and filled directly by

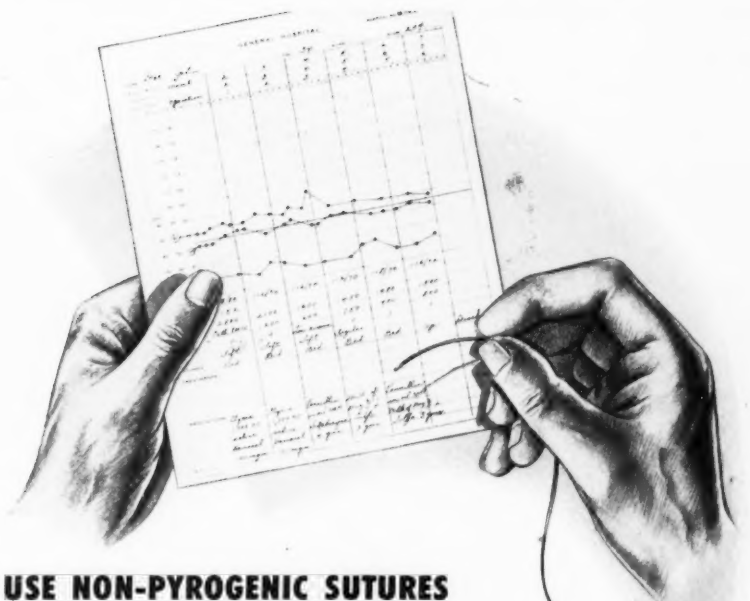
*George P. Pilling and Son Company*

3451 WALNUT STREET  
Philadelphia 4

*A Standing Invitation: When in Philadelphia, visit our new salesrooms. Free parking on our private lot.*



PILLING FOR PERFECTION IN SURGICAL INSTRUMENTS



## USE NON-PYROGENIC SUTURES

Post-op fever in clean cases can be caused by sutures—but rarely by CHAMPION non-absorbable sutures. There are two prime reasons:

1. **Champion** non-absorbable silk sutures are always sterilized by heat.
2. **Champion** non-absorbable silk sutures are not digestible, therefore, no allergenic irritating products of protein hydrolysis are released in the wound.

CHAMPION Serum-Proof Silk sutures have both advantages. Sutures designed for buried suturing are dispensed on spools and have no contact with chemical irritants. Secondly, there is no enzyme in the human body capable of digesting silk. It is truly non-absorbable.

To help avoid post-op fever due to suture chemicals and protein hydrolysis, specify CHAMPION Silk Sutures. Gudebrod Bros. Silk Co., 225 W. 34th St., New York 1.

CHAMPION-PARÉ  
SERUM-PROOF SILK SUTURES by

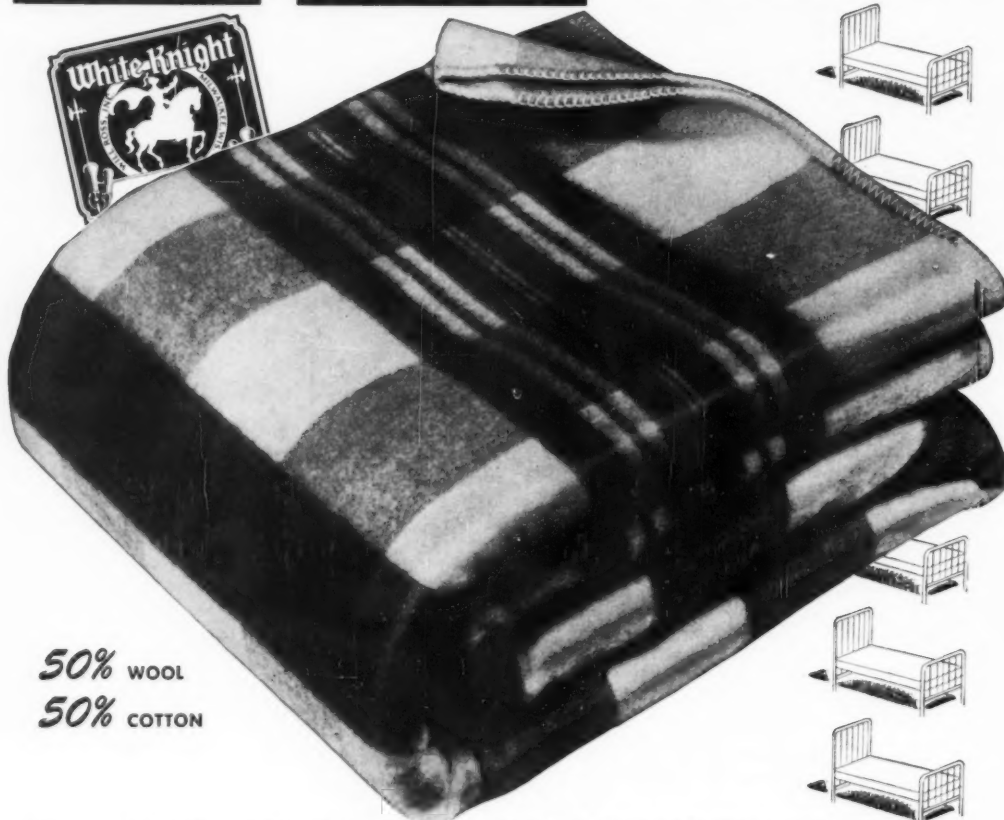


*Gudebrod*

Also Makers of: DERMAL, COTTON and other CHAMPION SUTURES



*You'll be Needing Blankets . . .*  
**WHITE KNIGHT BLANKETS**



**50% WOOL**  
**50% COTTON**

**T**HERE are blankets and blankets . . . all grades, all prices. But there is only *one* WHITE KNIGHT blanket — *the* blanket among blankets! *The* Blanket that has been selected specifically for hospital service; *the* finest blanket of its type available; *the* blanket that will give long and satisfactory service; *the* blanket that's nice to look at and warm and cozy to snuggle under. *The* blanket that combines, in perfect balance, the advantages of wool and cotton — 50% wool, 50% cotton. *The* blanket that's priced for hospital budgets.

Yes, you'll be needing blankets — *WHITE KNIGHT* Blankets. Attractive and practical plaid pattern; individually packed in a bag. Size: 66" x 84". Weight: 2¼ lbs. each. Colors: Blue, Cedar, Rose, Green.

**WILL ROSS, INC.**



**MILWAUKEE  
 WISCONSIN**

*Manufacturers and Distributors of Hospital and Sanatorium Supplies and Equipment*

By keeping the incompatibles apart,



## YOU CONTROL THE STABILITY

New convenience and flexibility in B complex parenteral therapy. Bejectal contains all five major vitamin B complex factors in a sterile solution. Chart shows how you can control stability for complete or partial use as needed. Bejectal is supplied in 10-cc. combination packages through prescription pharmacies. ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS

SPECIFY

**Bejectal®**

Abbott's Injectable B Complex Vitamins

### AT ROOM TEMPERATURE

STABLE—Indefinitely

UNOPENED



Bejectal remains stable indefinitely. When mixed the solution contains:

Per Vial (10 cc.)

Thiamine Hydrochloride.... 100 mg.  
Riboflavin..... 20 mg.  
Nicotinamide..... 750 mg.  
Pyridoxine Hydrochloride... 50 mg.  
Calcium Pantothenate..... 50 mg.  
In Water for Injection U.S.P.

Benzyl Alcohol, 0.9%, is added as a preservative since the mixed solution is for multiple doses.

STABLE—Up to two months

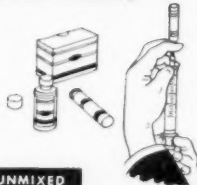
MIXED



This is the best way to prepare Bejectal when you expect to use the entire 10 cc. within 2 months. Simply withdraw 4 cc. of the contents from the small vial with a sterile syringe and transfer to the large vial. Shake and Bejectal is ready for instant use.

STABLE—Indefinitely

UNMIXED



When you expect 10 cc. to last longer than 2 months, this is the best way to use Bejectal. For example, whenever you want to inject a 1 cc. dose, simply withdraw 0.4 cc. from the small vial and 0.6 cc. from the large vial. Unused portion remains stable until needed.



# POSITIVE mattress PROTECTION

and greater patient comfort



with this

## VINYL PLASTIC MATTRESS COVER

made of Firestone Velon

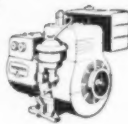
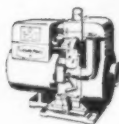
These covers are neat, economical and time saving—can be put on the mattress quickly, without removing patient—covers the entire top, sides and ends of the mattress with easy to slip on corners.

For further information  
write to  
**HYDRO-TEX CORP.**  
364-70 W. ADAMS ST. CHICAGO

**PILLOW COVERS**  
with full zippers also available in the same material  
**ALSO YARD GOODS**

## Power Failure Insurance!

### FAIRBANKS-MORSE GENERATING SETS



**Be prepared** to meet costly, dangerous power interruptions. Fairbanks-Morse generating sets are made to deliver the power you need indefinitely. Models are available in A.C., D.C. or A.C.-D.C. . . . with manual, remote or automatic controls, in capacities from 350 to 35,000 watts. For full information, see your Fairbanks-Morse dealer or mail the coupon today.

Fairbanks, Morse & Co.,  
600 S. Michigan Ave.  
Chicago 5, Illinois  
Gentlemen: Please send complete information about generating sets for standby service.

Firm name.....

Address..... R.D. ....

City.....State.....

## HOSPITALS RELY ON EQUIPMENT FROM PIX

ST. JOSEPH'S  
HOSPITAL  
South Bend, Ind.



**ALBERT PICK CO., INC.**

2159 Pershing Road, Chicago 9

AMERICA'S LEADING FOOD SERVICE EQUIPMENT HOUSE

## WELD EDGE PLASTICS, INC.

Originators of Electronically Sealed (Welded)

**HOSPITAL ITEMS**

offers



### A MATTRESS COVER

which will Eliminate All Need for Rubber Sheetting!

AROUND-END-  
WELDED  
ZIPPER

ODORPROOF  
ODORLESS

CAN BE  
AUTOCLEAVED

ELEC-  
TRONICALLY  
WELDED

**A Dozen Features Never Before Offered in One Article:**

- The FIRST All-welded Zipper, Hence
- The FIRST All-welded Mattress Cover
- 100% Odorproof—Urine, Too
- Extra Heavy Pliable Plastic
- Tough As Rawhide Yet Soft As Tissue
- Cooler Than Rubber by Lab Test
- Wrinkle-Free Because Tailored To Size
- Absolutely Waterproof
- Chemically Inert
- Unaffected by Soap, Water, Alcohol
- Unaffected by Age
- Completely Reversible

Use of this cover can save \$5.00 or more per bed!

Also with same specifications:

Pillow Covers—Utility Aprons—Bassinet Covers—Draw Sheets

**WELD EDGE PLASTICS, INC.**

DEPT. M

8-10 ALYEA ST.

NEWARK 5, N. J.

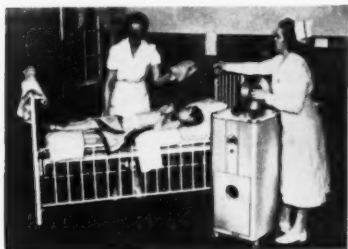
# Meeting Your Need For More HOT PACKS

Greater relief to more Polio sufferers in less time and with less labor is the priceless advantage the New Ideal Portable Electric Compress Heater brings to the overcrowded hospitals of today.

Because the Ideal is readily portable, and provides easy, accurate control of temperature and condition of compresses, it now is possible to administer complete treatment at the bedside, eliminating removal of patient or repeated trips between bed and source of compresses.

The Ideal Hot Pack Heater was developed in collaboration with officials and staffs of representative hospitals. Their suggestions and requirements guided Ideal Engineers so that the long-desired unit squarely meets the vital needs of Polio treatment.

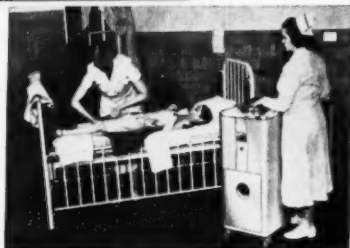
It was thoroughly tested at hospitals specializing in Polio treatment. The photos on this page were taken in the hospital of the Toledo Society for Crippled Children where the unit is in constant use.



● Readily portable  
—Can be taken anywhere for bedside application.

● Simple design.  
Stainless steel construction. No moving parts.

● With a minimum of work for the nurses and a maximum of benefit to the patient The Ideal provides the most modern equipment for the vitally necessary hot pack treatment.



● Easily controlled for accuracy of temperatures and condition of compresses.

## Ideal Portable Electric Hot Pack Heater

THE SWARTZBAUGH MFG. COMPANY  
Established in 1884 Toledo 6, Ohio

Distributed by The Colson Corporation, Elyria, Ohio, The Colson Equipment and Supply Co., Los Angeles and San Francisco, Calif. In Canada, Canadian Fairbanks Morse Co.

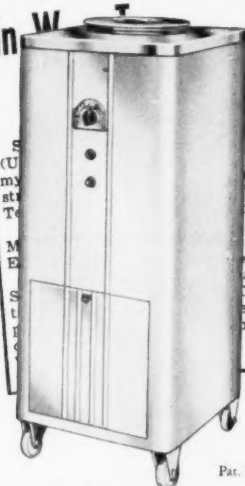
Vol. 73, No. 4, October 1949

Polio Rate Still  
Rising In Nation

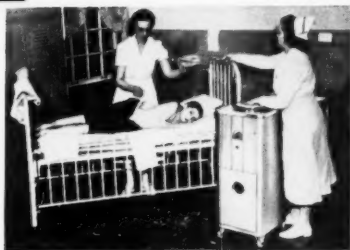
Polio Cases  
Show Sharp  
Boost In U.S.

Polio Cases Rise  
To 203

Polio Total Rises



Pat. Pend.



● Newspaper headlines may well indicate an imminent urgent need for hot pack treatments. The Ideal is the greatest equipment yet invented for treatment and relief of Polio by the hot pack method.





see

## Mr. Dowds

...about our No. 339  
Surgeon's Gown. It's  
practical and longer  
wearing.

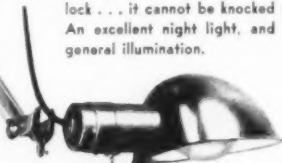


## HOSPO-LITE

Appreciated by  
**PATIENTS  
DOCTORS  
NURSES**

HOSPO-LITE meets every requirement for a patient room light. The portable unit may be removed from extension arm for physician's or nurse's examining light. Snaps back on with lock... it cannot be knocked off. An excellent night light, and for general illumination.

HOSPO-LITE clamps to any type bed without defacing finish. Equipped with approved 8 ft. washable rubber cord. Finished in statuary bronze lacquer... also available in colors. 3 styles of standard sockets, or Dim-a-Lite. Underwriters approved.



A  
Portable  
unit  
removes  
here

Write **TODAY** for  
literature.

## HOSPO ORGANIZATION

1160 N. HOWE STREET

CHICAGO 10, ILL.

## WISE BUYERS

CHOOSE...



**TAYLOR-MADE  
MATTRESS  
PROTECTORS**

## And Here's Why...

- Save mattress wear
- Prevent soiled mattresses and absorption of odors
- Make beds more comfortable
- Launder well
- Keep beds fresh and clean
- Quality built — economically priced.

Other Taylor-Made products for institutional use include mattresses, box springs, Hollywood bed sets, living room furniture, quilts, comforters, quilted bed spreads and flame-proof Inst-Cotton insulation.

IF IT'S



IT'S BETTER MADE

**TAYLOR BEDDING MFG. CO.**

*The World's Largest*

TAYLOR, TEXAS

## SHARE YOUR

copy of The **MODERN HOSPITAL**  
with your associates!

Those responsible for the efficient operation of the various services within the hospital will appreciate an opportunity to see The **MODERN HOSPITAL** with its many helpful suggestions.

Pass it around—share your copy of The **MODERN HOSPITAL** with those who like yourself want to make your hospital even better.

# NATIONAL MECHANIZED ACCOUNTING

often pays for itself  
in the first year!



And then goes on, year after year, saving you money. At the same time it gives complete, legible records.

The National Window Posting Machine operates on both the all-inclusive rate and the specific service rate. In one operation, it posts the patient's bill, the account card, the journal sheet, and the posting voucher with machine-printed amounts.

All bills are posted daily and are always in balance ...neat, and easy to read...instantly available on demand. All printings are originals—and identical. No carbons are used.

Ask your local National representative—a systems analyst—to show you how much this machine can lower your accounting costs.

*National*  
ACCOUNTING MACHINES  
CASH REGISTERS • ADDING MACHINES

**THE NATIONAL CASH REGISTER COMPANY, DAYTON 9, OHIO**

# The year that got away—



**L**ONG AGO, he'd planned the year, the day, the hour of his retirement.

But now, a year beyond that date, his desk is still open . . . the weekday trout still in the brook.

What happened? Unexpected expenses . . . Nickie starting college . . . the last of Mom's hospital bills. He never really figured it out. But the happy day he planned was no longer in sight.

*A lot of years* are getting away from a lot of people . . . because they don't have a plan which helps them save money *regularly*. But there *are* people—millions in the country—who are making the most of the years, by investment in United States Savings Bonds.

It's an easy, automatic way of insuring a financial future, thanks to two simple, *automatic* plans:

**1. The Payroll Savings Plan**, at the firm where you are employed. You get a bond just as often as you like.

**2. If not on a payroll**, you can get a bond every month, through the Bond-A-Month Plan at your bank.

Don't let another year—another moment—escape you. Sign up today.

*Automatic saving is sure saving—  
U.S. Savings Bonds*

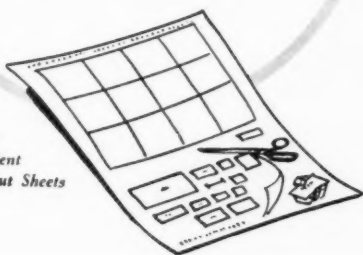


Contributed by this magazine in co-operation with the Magazine Publishers of America as a public service.



# A COMPLETE ROOM GROUPING SERVICE

Write for  
convenient  
Layout Sheets



There's a Life Long Room Group to fulfil every hospital requirement and to fit every hospital budget . . . from the basic room groups to modern deluxe groupings like the CL-4 Group illustrated below.

Your hospital supply dealer will be glad to furnish you with Life Long layout sheets, individual specifications, swatches of upholstery fabrics, and full color samples of finishes.

Write us direct for additional information from our factory service department.

*Sold Only Through Recognized Hospital and Surgical Supply Dealers*

**HARD** MANUFACTURING CO.  
BUFFALO 7, NEW YORK



**HARD MANUFACTURES FOR HOSPITALS AND INSTITUTIONS EXCLUSIVELY**

*Private Room Group CL-4*

# This book...in 10 minutes... prevented 1037 accidents!



**Reading time to learn how: 60 seconds**

Of course there was more to it than that. But it started when the office manager of a prominent company read a copy of *Mr. Higby Learned About Floor Safety the Hard Way*.

In its pages he learned the solution to a long-standing problem: a waxed office floor hazard that was claiming 4 or 5 slip victims week after week. The result: a way to keep his floors so slip-resistant that in five years since (when 1040 falls might have occurred) *there have been only 3 slip accidents.*

If you've searched for an answer to slippery floor accidents, perhaps this booklet can help you, too. In plain talk it explains the whys and wherefores behind the care of floors. It tells how to avoid slippery floors, and how the Legge System of Safety Floor Maintenance can help you. And it shows you how to eliminate waste motion in floor upkeep to save precious dollars.

How much is it worth to *you* to read this book? There's only one way to find out. Send for a free, no-obligation copy today. Just clip the coupon to your letterhead and mail.

Walter G. Legge Co. Inc.  
101 Park Ave., New York 17, N.Y.

Please send me a free, no-obligation copy of your Mr. Higby book.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Types of flooring \_\_\_\_\_

Area \_\_\_\_\_ sq. ft.

HB-B

**LEGGE SYSTEM**  
of Safety Floor  
Maintenance

## New way to protect Operating Room Staffs from explosions

A new device that assures dissipation of dangerous static currents in the operating suite has been introduced by Walter G. Legge Co., manufacturers of safety floor maintenance supplies. Called Nostat, the device is worn by personnel when in operating or anesthesia rooms to prevent the accumulation in their bodies of large static charges that are responsible for many explosions. It is designed to establish a positive electric contact between the staff member's body and a conductive floor so that stored-up static charges in his body can drain off freely through the floor.

### CONDUCTIVE FLOORS NOT ENOUGH

Conductive floors have been recognized by many hospitals as a valuable anti-static measure. But their effectiveness in removing static currents depends upon all personnel and all equipment being grounded with the floor. Drag chains, wires, etc. ground equipment effectively. But until now no satisfactory method has been found to overcome the effects of rubber soles and heels, of stockings and of wax picked up on shoe soles—all of which *insulate* personnel from a conductive floor and prevent it from draining static charges from their bodies. These dammed up static charges have been identified as the cause of 30% of operating room fires and explosions.

### HELPS CONDUCTIVE FLOORS WORK

The Nostat Grounding Device was designed to give positive protection for personnel against static electricity. Small, light and designed for comfort, it consists of a circlet (a leg garter or waistband), a bead-chain that links with an adjustable shoe clamp with built-in floor contact button. Static currents exit from the body through the circlet, follow down the bead-chain and drain off into a conductive floor through the contact button. The Nostat Grounding Device will be sold only through sales offices of the Walter G. Legge Co., Inc. For literature and prices, write "Nostat" on the line for Type of Floor in the coupon at the left of this page, clip to your letterhead and mail.



As a result of a recent campaign directed by Ward, Wells & Dreshman, the GEORGIA BAPTIST HOSPITAL in Atlanta, Georgia, was able to move forward with plans for the erection of the above new, modern addition, now under construction, total cost in excess of \$3,500,000.

This firm has conducted 18 campaigns in the City of Atlanta for various philanthropies, including \$1,100,000 secured for ST. JOSEPH'S INFIRMARY.

## *Experience Counts in hospital fund-raising*

Over 40 years of experience lies back of every fund-raising effort directed by Ward, Wells & Dreshman. Hundreds of commendations by grateful hospital clients bear testimony to the quality of service rendered by this firm. This service is inspirational as well as efficient, reasonable in cost—creating lasting good will.

*Counsel without obligation is readily given to hospitals planning expansion, modernization, or new construction.*

**BUREAU OF HOSPITAL FINANCE  
WARD, WELLS & DRESHMAN**

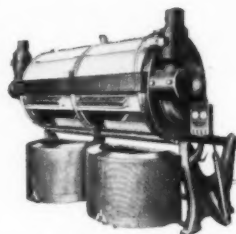
5115 R.C.A. BLDG. · 30 ROCKEFELLER PLAZA · NEW YORK 20, N.Y.

*Charter member, American Association of Fund-Raising Counsel*



## **CHECK** the SUBSTANTIAL SAVINGS Immediately Available with Modern HOFFMAN Laundry Equipment . . .

A fraction of a penny saved per pound of laundry can provide the dollars not now in your budget for critical needs. This fact is being demonstrated daily by the hospitals who have installed modern Hoffman laundry equipment. They cut their labor costs, their fuel and water costs, their floor space needs, and their expenses for soap and other supplies. The dollars and cents details for *your* operation are available with a Hoffman Laundry Engineering Survey. No obligation — write now.



### **UNLOADING "SILVER CREST"**

Cuts down pulling time and labor costs — cylinder raises hydraulically to deposit loads into extractor basket halves. Faster operation—more loads per day — saves floor space. 42-inch cylinder.



### **UNLOADING EXTRACTOR**

Reduces time and labor formerly needed for loading and pulling. Loaded basket halves carried by electric hoist (from washer) quickly lowered into this extractor, then raised for dump-out at finishing tables.



### **AUTOMATIC WASHER CONTROLS**

Conserve linen — as well as water, soap and other supplies — by precise formula control. Fully automatic models give exact, measured injection of supplies for any one of several predetermined formulas you select. No "over" runs, or amounts of soap, bleach, sour, blue, water and other supplies. Available with supply stand (for one washer) or with central supply system serving many washers.

# **U. S. HOFFMAN**

**MACHINERY  
CORPORATION**  
107 Fourth Ave., New York 3, N.Y.

**COMPLETE LAUNDRY EQUIPMENT SERVICE FOR THE INSTITUTION**

# Want Advertisements

## POSITIONS WANTED

**ADMINISTRATOR**—Available: fifteen years' experience, planning and supervising new construction, reorganizing hospitals; successful operator, able to meet the public; age 38, married and will consider hospitals of 200 beds or larger; available immediately. MW 62, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**DIETITIAN**—Assistant; B.S. Home Economics and Science; 18 months tea room experience; excellent sanitation experience at Duke University Hospital; experience as assistant dietitian and dietitian in two small hospitals. MW 68, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**DIRECTOR OF NURSING**—General hospital, no school; vicinity of New York City preferred; will also consider Philadelphia area. MW 67, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**LAUNDRYMAN**—In small hospital; board and room included; Michigan or Wisconsin; 30 years' experience; single; age 62; good health. MW 59, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**LIBRARIAN**—Medical record; registered; familiar with all systems; experienced in organizing departments; some assistant administration experience. MW 66, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

### INTERSTATE HOSPITAL AND PERSONNEL BUREAU Miss Elsie Dey, Director 332 Bulkley Building Cleveland, Ohio

**SUPERINTENDENT**—College education; 4 years superintendent; 75-bed western hospital; last position, 3 years, 90 bed hospital, Kentucky; opened and equipped new building.

**ADMINISTRATOR**—Age 33; graduate pharmacist; 3 years assistant administrator, large eastern hospital; will consider assistantship.

**ADMINISTRATOR**—Age 38; M.A. Degree, Hospital Administration; 15 years banking experience; 2 years administrator, 100-bed mid-western hospital.

**DIRECTOR, NURSING SERVICE**—College credits; graduate Pennsylvania hospital; 5 years assistant director of nursing; 4 years director, nursing service, 125-bed New York hospital.

**DIRECTOR, SCHOOL OF NURSING**—B.S. Degree, Western Reserve University; 5 years educational director; 7 years director of nursing, 250-bed hospitals.

### THE MEDICAL BUREAU Burnice Larson, Director Palmolive Building Chicago 11, Illinois

**ANESTHESIOLOGIST**—Young physician; has passed Part I of American Board; past three years, department of anesthesiology, teaching hospital.

## THE MEDICAL BUREAU—Continued

**ADMINISTRATOR**—Assistantship or directorship, small hospital, preferred; Master's in Hospital Administration; year's administrative residency; two years, assistant, 350-bed hospital.

**ADMINISTRATOR**—Lay; B.S. in Business Administration; past eleven years administrator, 250-bed hospital; FACHA; in early forties.

**ADMINISTRATOR**—Medical; four years, assistant administrator; teaching hospital; eight years, administrator, fairly large hospital; FACHA; highly regarded nationally.

**ADMINISTRATOR**—Graduate nurse, thoroughly experienced in all phases of hospital work with bed capacities from 75-300; twelve years, administrator, 175-bed hospital.

**DIETITIAN**—Two years, assistant dietitian and nine years, director of dietetics, 400-bed hospital; prefers directorship.

**EXECUTIVE HOUSEKEEPER**—Several years, hotel housekeeping director; three years, executive housekeeper, 200-bed hospital.

**MEDICAL DIRECTOR**—Eleven years, director, county sanatorium, 125 beds; broad knowledge of all phases of tuberculosis.

**PATHOLOGIST**—Diplomate, American Board; FCAP; since 1938 has directed laboratories, fairly large hospital, during which time he has held important faculty appointment.

**RADIOLOGIST**—Diplomate American Board, Therapeutic and Diagnostic Radiology; several years, director radiology, 300-bed hospital; currently engaged in radiology, group clinic; prefers directorship of hospital x-ray department.

## MEDICAL PLACEMENT AND MAILING SERVICE

Mrs. Stewart Roberts  
768 Juniper Street, North East  
Atlanta, Ga.

**HOSPITAL ADMINISTRATOR**—A.B. and M.A. in Psychology; age 30; medical administrator in army during war.

### SHAY MEDICAL AGENCY Blanche L. Shay, Director 55 East Washington Street Chicago 2, Illinois

**ADMINISTRATOR**—Age 44; Degree in Business Administration; 8 years Administrator; 150-bed hospital; planned and supervised construction of 100-bed nurses' residence and class rooms; also prepared plans in co-operation with medical staff and architect for a 210-bed addition to hospital; was president of local regional hospital districts and on board of directors of hospital association.

**ADMINISTRATIVE ASSISTANT**—Age 33; Degree in Business Administration; 5 years hospital experience as administrative assistant, business manager, public relations; exceptionally capable organizer with an unusual ability to direct personnel; since 1948 manager of a small sanatorium.

Continued on page 220

## SHAY—Continued

**ORTHOPEDIC SURGEON**—Age 52; Diplomate, National Board; working toward certification; has passed part I, American Board of Orthopedic Surgery examination; 5 years intensive orthopedic experience.

### WOODWARD MEDICAL PERSONNEL BUREAU (Formerly Aznoe's)

Ann Woodward, Director  
185 North Wabash Avenue  
Chicago 1, Illinois

**DIETITIAN**—Registered; age 32, with ten years experience; minimum \$300; consider any location.

**EXECUTIVE HOUSEKEEPER**—College graduate; seven years experience two large hospitals; \$300 minimum.

**COMBINATION LABORATORY & X-RAY TECHNICIAN AND ANESTHETIST**—Registered in laboratory and x-ray; ten years experience; will go anywhere; \$6000 yearly.

**REGISTERED X-RAY TECHNICIAN**—Female, age 41; one year training under radiologist; four years experience in charge of department; west preferred; \$300.

**ADMINISTRATORS AVAILABLE**—(a) Age 34, Scotch-Irish, Presbyterian, B.A. Degree Duke University; M.A. in Hospital Administration, University of Minnesota; one year hospital administrative internship served in university hospital; recently completed one year administrative residency California hospital; excellent references; available now. (b) Age 31; B.S. Degree in Hospital Administration, Northwestern University; two years assistant Administrator 400-bed New England hospital. (c) Age 36, Scotch-Irish, Protestant; 4 years superintendent small Texas hospital; 8 years director 400-bed hospital; seeks hospital 100 beds up; member A.H.A.

**RADIOLOGIST**—Age 36, American, Protestant; three year fellowship in radiology, university hospital, eligible American Board; immediately available.

**PATHOLOGIST**—Age 37, with B.S., M.A. and Ph.D. Degrees; M.D. from Johns Hopkins; excellent preparation; since 1947 has been acting as associate pathologist at a hospital, pathologist at another, instructor in pathology university medical school and consultant at a veterans hospital; least salary \$12,000; Diplomate in Pathological anatomy.

## POSITIONS OPEN

**ANESTHETIST**—Graduate nurse, in modern, well-equipped 200-bed Michigan hospital, located in lake area in close proximity to metropolitan Detroit; five anesthetist, on staff; \$285 base pay with \$10 step increases at 6, 12, 24, 36 and 48 months; excellent cafeteria meals; uniforms laundered. Write Director, Pontiac General Hospital, Pontiac, Michigan.

**ANESTHETIST**—Nurse; for modern 110-bed hospital, 30 bassinets; salary \$250 per month plus full maintenance to start; liberal vacation and sick allowance; pension plan available. Apply Administrator, Robinson Memorial Hospital, Ravenna, Ohio.

**Terms:** 15c a word—minimum charge of \$3.00 regardless of discounts. No charge for "key" number. Ten per cent discount for two or more insertions without changes of copy. Forms close 15th of month.



## Want Advertisements

### POSITIONS OPEN

**ANESTHETIST**—Nurse; for 300-bed hospital; four anesthetists now on service; salary open. Apply, D. W. Hartman, Superintendent, The Williamsport Hospital, Williamsport, Pennsylvania.

**ANESTHETIST**—Preferably a nurse; 75-bed approved hospital; salary \$300 a month and maintenance; P.M. Saturday and all day Sunday off; on call during week. St. Mary's Hospital, Emporia, Kansas.

**ANESTHETIST**—60-bed general hospital; 47 miles south of Wilmington, Delaware; employs two anesthetists; salary \$250-\$300; based upon experience; full maintenance. Apply, Superintendent, Kent General Hospital, Dover, Delaware.

**ANESTHETISTS**—Nurse; for large general hospital; salary \$3720.20 per annum; yearly salary increase; 40 hour 5-day work-week; overtime, when required, at time and one-half; annual accumulative leave for vacations and sickness; maintenance furnished, if desired, at \$300 per annum; retirement benefits. Apply, Superintendent, Gallinger Municipal Hospital, Washington 3, District of Columbia.

**ANESTHETISTS**—Nurses; three; must be members or eligible to be members of A.A.N.A.; 450-bed general hospital; service employing seven anesthetists; salary \$300 per month with full maintenance. Apply, Superintendent, Roper Hospital, Charleston, South Carolina.

**DIETITIAN**—Assistant; wanted for 200-bed tuberculosis hospital; good salary plus room, board and laundry; please send small photograph or snapshot with letter of application stating qualifications and pertinent personal details. Apply Superintendent, Indiana State Sanatorium, Rockville, Indiana.

**DIETITIAN**—For 112 tuberculosis hospital; average 90 patients; salary open. Apply, M. W. Newcomb, M.D., Superintendent and Medical Director, M. W. Newcomb Hospital for Chest Diseases, New Lisbon, New Jersey.

**DIETITIAN**—Registered; wanted for a fully approved 150-bed hospital; good salary and pleasant surroundings. Apply Mother Marie, Maryview Hospital, Portsmouth, Virginia.

**DIETITIAN**—Sixty-three bed, modern hospital; college town; good salary and full maintenance; excellent opportunity. Administrator, Centre County Hospital, Bellefonte, Pennsylvania.

**DIRECTOR OF NURSES**—College graduate; complete charge of nursing service, ward housekeeping and personnel in nursing department; opening January 1 in New York State general hospital; 8-hour day, 44-hour week; salary from \$3000-\$4000 with full maintenance; 2 weeks sick leave and 3 weeks vacation annually; retirement provision; permanent position. Frederick Ferris Thompson Hospital, Canandaigua, New York.

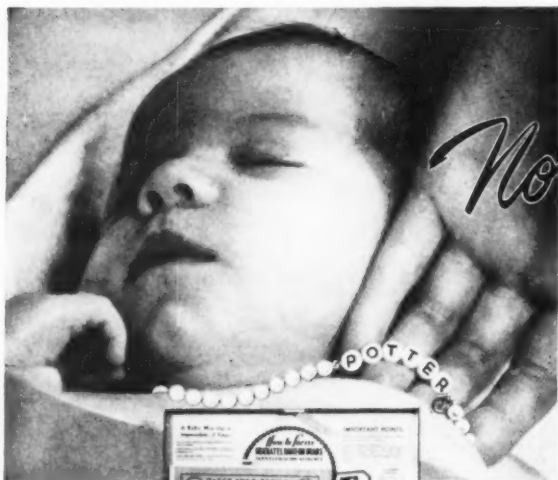
**HOSPITAL ADMINISTRATOR**—Must have administrative experience in running a 300-bed hospital and be able to take full charge; must get along with people, be honest, dependable and energetic; must know how to delegate authority, have respect for the workers under him, must know charts and system controls; prefer married man between 30-40, without children; this is a great opportunity for a hard worker who is interested in a Pacific Coast Jewish Institution; all particulars as to experience, etc., must be included in first letter. Write P.O. Box 2395, Terminal Annex, Los Angeles 54, California.

**HOSPITAL SUPERVISOR**—Chief for female admission and medical and surgical services; experience in psychiatric nursing necessary; 40-hour week; 2 weeks' vacation; 10 legal holidays; basic salary \$3000. Apply, Director of Nurses, Taunton State Hospital, Taunton, Massachusetts.

**INSTRUCTORS**—Nursing arts; also 2 Clinical instructors in surgery; for a collegiate nursing program; salary open. Apply, Chairman, Division of Nursing, Dillard University, New Orleans 19, Louisiana.

**LIBRARIAN**—Chief medical record; for university hospital; must be registered and experienced in both clinic and private record room operations; must have supervisory ability; general hospital of 400 beds and outpatient department with yearly census of 115,000 visits. Apply, Personnel Department, Stanford University Hospitals, Clay and Webster Streets, San Francisco 15, California.

Continued on page 222



## No Question OF IDENTIFICATION HERE!

Sealed on at birth, a bracelet or necklace of DEKNATEL "Name-on" Beads assures positive baby identification—eliminates risk of an embarrassing baby mix-up. Virtually indestructible, unaffected by washing or sterilizing, these sanitary beads stay on until cut off when the baby leaves the hospital. Attractive, inexpensive, easy to work with, DEKNATEL "Name-on" Beads have proved their value through a quarter century of use in many leading hospitals.

# DEKNATEL

THE ORIGINAL "NAME-ON" BEADS

MADE IN U.S.A. BY

J. A. DEKNATEL & SON  
QUEENS VILLAGE 8, (L.I.), N.Y.

# for the HOSPITAL or SANATORIUM

adapted to the irradiation of  
groups—meets all requirements

**HIGH INTENSITY ULTRAVIOLET SOURCE**



## HANOVIA'S SOLARIUM MODEL

Model No. 2137

This illustration demonstrates the use of the Hanovia one-burner Group Solarium Ultraviolet Quartz Lamp. It covers an area of 144 square feet, casting no shadows.

- One technician can treat successfully a large number of patients per day.
- It is possible to irradiate many patients at one time.
- This cuts down personnel, reduces cost of service, permits more efficient work in ULTRAVIOLET THERAPY and effects a substantial saving.
- Many hundreds of dollars can be saved annually.

**NOW** is the time to install this new equipment.

Clinical data and special layouts gladly furnished.

Address a card or letter to Dept. 315-K.

**HANOVIA Chemical & Mfg. Co.**

NEWARK 5, NEW JERSEY

Hanovia is the world's oldest and largest manufacturer of ultraviolet lamps for hospitals and the medical profession.



"These worn out calling cords make me mad . . . and that's only half of what they do to the patients. Can't we do something about them?"

"We certainly can. I've just been reading where Standard Time makes cords that'll fit our system. I'm going to get in touch with them right away!"

### SUPERIOR FEATURES PROVE STANDARD LIFE-LONG CORDS BEST

Nurses calling station cords that are worn out and not working properly are easily replaced with STANDARD LIFE-LONG Cords. LIFE-LONG Cords fit most systems . . . have soldered terminals that can't loosen . . . swiveled button shell casing so wires can't be twisted off . . . positive locking device that releases only when collar is pressed . . . 6 feet of high-grade rubber covered wire . . . can be sterilized without damage.

Replace your worn out nurses calling cords with STANDARD LIFE-LONG Cords. They'll give service that lives up to their name.

H-22

**"DO AS WE JUST  
DID. MAIL THIS  
COUPON TODAY!"**



**THE STANDARD ELECTRIC TIME CO.**

83 LOGAN STREET, SPRINGFIELD, MASS.

Please tell us more about STANDARD Life-Long Nurses Call Cords.

Our present make is \_\_\_\_\_

Remarks \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

We would also like to know about your

☐ Nurses Calling Systems

☐ Patients Phone

☐ Doctors Paging Systems

☐ Staff Registers

## Want Advertisements

### POSITIONS OPEN

**LIBRARIAN**—Medical record; need not be registered, but able to install standard nomenclature; stenographer preferred; 65-bed modern hospital; good salary; plus full maintenance. Administrator, Centre County Hospital, Bellefonte, Pennsylvania.

**MISCELLANEOUS**—General duty nurses needed; 65 beds; basic gross salary \$175; rotating shifts; room, board and uniform laundry provided at nominal deduction; staff accommodation consists of unique housing in attractive cottages on the sea; an excellent opportunity for nurses to gain experience in orthopedic and pediatric nursing; there are openings also for Physiotherapist and Laboratory x-ray technician. Give date of graduation, training school, age and experience. Apply in writing to the Lady Superintendent, P.O. Cobble Hill, V. I., British Columbia.

**MISCELLANEOUS**—Matron and Registered nurses; 3; for modern 20-bed hospital; salary, \$175 and \$145 with full maintenance. Write or phone E. W. Groushong, Porcupine Carrage Union Hospital, Porcupine Plain, Saskatchewan.

**MISCELLANEOUS**—Nursing arts instructor; Educational director; Operating room supervisor, needed at once; immediate opening; good location; State Capitol with many civic advantages; salary open. Apply Director of Nurses, Evangelical Hospital, 6th and Thayer, Bismarck, North Dakota.

**MISCELLANEOUS**—Nursing arts instructor; Pediatric supervisor; immediately; for 200-bed hospital. Apply, stating qualifications, Superintendent of Nurses, Royal Inland Hospital, Kamloops, British Columbia.

**MISCELLANEOUS**—Nursing arts instructor; experienced teaching Surgical supervisor; Pediatrics supervisor; positions open immediately; salary for each opening, \$200 gross per month; four weeks holiday with pay; six statutory holidays per year. Apply stating classifications to Director of Nursing, Kingston General Hospital, Kingston, Ontario.

**MISCELLANEOUS**—Science instructor and Clinical instructor; for Fall term; 130 students; two nurses with operating room preparation and experience. Apply for further information to Director of Nursing, St. Joseph's Hospital, Victoria, British Columbia.

**NURSE**—Staff, for modern 405-bed general hospital located in the heart of Washington; starting salary \$2460 per year; with additional compensation for evening and night duty; vacations, holidays, and sick leave privileges; furnished or unfurnished apartments available; dormitory quarters at twenty-five dollars per month. Apply, Director of Nursing, Box H-10, The George Washington University Hospital, 901 22nd Street, Northwest, Washington 7, District of Columbia.

**NURSES**—Full or part-time assignments; opportunities for progressive experience in general hospital near university; special surgical program; convenient living quarters and food service in residence hall. Address, Director of Nursing, Mount Sinai Hospital, Cleveland, Ohio.

**NURSES**—General duty; minimum salary \$205; afternoon and night shift differential; automatic periodic increases; sick and annual leave plan; maintenance at nurses' home if desired; building program calling for complete new building started May; located 90 miles south of Sun Valley. Apply Superintendent, Twin Falls County Hospital, Twin Falls, Idaho.

**NURSES**—General staff graduates; for medical, surgical, obstetrical and communicable disease floors; straight cash salary starting at \$210 increasing to \$215 at end of six months and \$220 at end of year. Apply, Director of Nursing, Evanston Hospital, Evanston, Illinois.

**NURSES**—Graduate; wanted immediately. Apply with or forward credentials, to Doctors Hospital Incorporated, 6481 Cote des Neiges Road, Montreal, Quebec.

**NURSES**—Graduate; for 475-bed hospital; salary open. Apply, St. Barnabas Hospital for Chronic Diseases, 185rd Street & 3rd Avenue, New York 57, New York.

**NURSES**—Graduate; for new 50-bed general hospital in thriving village, Catskill Mountains, 8-hour day, six-day week, time-and-one-half for overtime after 40 hours, rotating shifts; average gross cash salary \$200 to \$210 month; full maintenance available for \$10.50 week. Apply Superintendent Nurses, Margaretville Hospital, Margaretville, New York. Phone Margaretville 50.

Continued on page 224



**\$24<sup>95</sup>**

WITHOUT STIRRUPS  
FOR STIRRUPS ADD \$14.95

## An Old Favorite AGAIN AVAILABLE (U. S. ARMY FOLDING TABLE)

**Adjusts to many positions**

### AUXILIARY TREATMENT ROOMS INDUSTRIAL TREATMENT ROOMS

These tables are war surplus—acceptable to the army—so you know they are strong, sturdy, steady. They adjust easily to any position—chair, horizontal, Trendelenburg, etc. Removal of several convenient thumb screws permits table to be folded into a small space for transportation in your car. When set-up it is a full size table. Finished in white enamel.

Full price \$24.95 F.O.B. Cincinnati. Stirrups \$14.95. Leatherette covered, hinged cushion \$9.95.

**Wocher's**

MAKERS OF  
HOSPITAL FURNITURE

609 COLLEGE ST. • CINCINNATI, OHIO

# TORRINGTON stainless steel SURGEONS NEEDLES



The Needles illustrated here are Torrington Style No. 713, King Needle,  $\frac{3}{8}$  Circle, Cutting Edge. There are 37 styles and 169 sizes in the Torrington Surgeons Needle line. Order from your hospital supply distributor.

*special  
heat treating methods  
insure perfection  
of steel temper*



Packaged in special moisture-proof envelopes labelled for easy positive identification.

**THE TORRINGTON COMPANY**  
TORRINGTON, CONN.

*Specialists in Needles since 1866*

## IF YOU

Had to clean the  
hospital ware and  
surgical instruments



### ALCONOX would be a must!

No matter what you want to clean . . . blood encrusted pipettes, instruments, metal ware, porcelain ware, rubber tubing, syringes . . . No matter how soiled by blood or tissue . . . ALCONOX will make them sparkle, film-free, streakless . . . surgically clean.

#### IN HARD WATER, SOFT WATER

Hot or cold, Alconox is equally effective. It actually lifts off dirt, grime and grease faster than anything you have ever tried.

#### SAVES ENERGY, SAVES TIME

Just wash and rinse. Toweling practically unnecessary. Economical, too—one spoonful makes a gallon of active cleanser ready to go to work on your toughest job.

Rubber gloves are unnecessary while cleaning with ALCONOX because ALCONOX is kind and mild to the hands. Quick self-acting penetration gives Nurse additional time for other important duties.

#### TESTED AND USED

by many leading hospitals, laboratories, food and industrial plants. Test it yourself . . . on a tough job.

#### YOU'LL AGREE WITH THESE USERS

"The 13 year accumulation of dirt on a centrifuge yielded after soaking in Alconox."

Hospital Supt.

"It does a swell job and saves us many hours."

Plant Supt.

"Blood-clogged pipettes were cleaned readily by immersing in the solution."

M.D.

3-lb. Box—\$1.50; 12-box carton—\$16.20;

50-lb. bag—\$18.00

Order today or write to your laboratory or surgical supply dealer for a free sample and circular.

#### DEALERS

Several territories still open.  
Write for details.

## ALCONOX, INC.

Manufacturing Chemists

61-63 CORNELISON AVE. JERSEY CITY 4, N. J.

# ALCONOX

*cleans better  
cleans quicker*

## Want Advertisements

### POSITIONS OPEN

**NURSES**—Registered; for staff duty; 44-hour week; mealtime included; \$180 maintenance without room; \$145 complete maintenance; increase \$60 annually after six months and one year; \$5 extra for evening and night; \$10 for operating room. Episcopal Eye, Ear and Throat Hospital, Washington 5, District of Columbia.

**NURSES**—Registered; for 200-bed tuberculosis hospital; good salary, plus room, board and laundry. Apply, Superintendent, Indiana State Sanatorium, Rockville, Indiana.

**NURSES**—Registered; all floors; straight shifts; matrimony has depleted our staff; beginning salary \$225 per month; raises at six month periods for two years; maintenance at reasonable rates if desired; additional pay for surgery; also for evening and night shifts; pleasant working conditions; nearly new, well equipped hospital. Municipal Hospital, Clarinda, Iowa.

**NURSES**—Staff; eligible for registration in Michigan, needed for all services in modern 200-bed hospital; salary \$216 per month for 44-hour week; 6 months' increase; \$10 extra for 3-11 and 11-7 duty; seven legal holidays, twelve days' vacation and ten days' sick leave per year; cafeteria meal service; laundry furnished. Apply Director of Nurses, Pontiac General Hospital, Pontiac, Michigan.

**PSYCHIATRISTS**—Openings for senior, assistant and junior; for staff or progressive and fully approved state hospital; excellent salary and full maintenance. Write, Superintendent, Delaware State Hospital, Farnhurst, Delaware.

**RESIDENCY**—Assistant; in pathology; available for individual who has had 1 year of training in pathology and desires further approved training. Apply, Director, Sinai Hospital, Baltimore 5, Maryland.

**SUPERVISOR OF NURSES**—Assistant; for 200-bed tuberculosis hospital; good salary, plus room, board and laundry; send photograph; state qualifications and personal details. Apply, Superintendent, Indiana State Sanatorium, Rockville, Indiana.

**SUPERINTENDENT OF NURSES**—Pontiac General Hospital, Pontiac, Michigan. Opportunity to reorganize and improve nursing service as recommended by recent professional survey; applicants should be aggressive and adaptable, have wide background and considerable administrative experience in nursing, and education equivalent to college graduation with courses in nursing administration; salary \$3780-\$4680 with annual increments of \$180; two increases in first year; maintenance available at nominal charges; modern 190-bed plant, large intern-resident program, excellent supporting services, single director; municipal retirement system, liberal sick leave and vacation, tenure under city merit system; educational and cultural opportunities in Detroit one hour away by public transportation. Application blanks furnished on request to Personnel Director, Pontiac General Hospital, Pontiac 18, Michigan.

**SUPERVISOR**—Operating room; 275-bed well equipped modern hospital with nursing school in picturesque lakehead country; Blue Cross Hospital plan; 1 month yearly vacation with pay. Apply stating salary expected to Director of Nursing, General Hospital, Port Arthur, Ontario.

**SUPERVISOR**—Pediatric; post-graduate course in pediatrics required; registration in British Columbia essential; Canadian citizen. For further information apply, Superintendent of Nurses, Royal Columbian Hospital New Westminster, British Columbia.

**TECHNICIAN**—Laboratory; sufficiently experienced to take charge. Franklin Square Hospital, Fayette & Calhoun Sts., Baltimore 23, Maryland.

**AMERICAN HOSPITAL BUREAU**  
C. M. Powell, R.N., Director  
705 Carnegie Hall  
Cleveland 15, Ohio

**MEDICAL ANESTHETIST**—250-bed hospital, Ohio; salary open.

**PATHOLOGIST**—Diplomate; 800-bed hospital; west; \$860/1000.

**DIRECTOR OF NURSES**—M.A., to direct and conduct in-service workshops throughout southern state university appointment; travelling expenses plus \$3400/4000.

**CO-ORDINATOR**—M.A. to administer and coordinate the program between college and three participating hospitals in southern city; university appointment \$3600/3600.

Continued on page 226

## modern design for modern sanitation



**LP-20**  
Available in  
Black or White

**OPEN FRONT AND BACK DESIGN...** means quicker, easier cleaning. Cuts upkeep to a minimum. No germ-collecting crevices, always sanitary.

**SELF-RAISING...** Seat remains upright when not in use with bowl serving as urinal. Seat stays clean and dry.

**SOLID PLASTIC...** Shatter-proof, fire-proof. Plastic covered hinge is dirt free, moisture proof. Assures long life, low maintenance.

**SPERZEL**  
123 14th Avenue South  
Minneapolis, Minnesota

All Sperzel Seats Fit Standard Bowls

WRITE NOW for full details on Model LP-20 (illus.), Model LP-40 with self-sustaining hinge, and a complete line of conventional models.  
DEPT. MH

## Clean

FLOORS—RUGS—  
VENETIAN BLINDS—  
UPHOLSTERY—ALL  
FURNISHINGS AND  
EQUIPMENT WITH  
THESE BIG MONEY  
SAVING UNITS...



**LINCOLN**  
SINGLE DISC  
FLOOR SCRUBBER  
and POLISHER  
or RUG SCRUBBER  
also TWIN DISC MODELS

## The Lincoln V-15 Portable Vacuum Cleaner for Quiet Power Suction Cleaning of Floors —Rugs—Carpets—Furniture and Equipment.

Use this truly modern, light weight Lincoln vacuum cleaner for wet or dry Pickup... it handles both jobs equally well. You'll be amazed at the time and labor savings you can accomplish. Equipped with eleven easy-to-change accessories for faster, easier cleaning.



**NEW**

WRITE FOR A FREE DEMONSTRATION on your own floors  
REPRESENTATIVES IN ALL PRINCIPAL CITIES



World's Manufacturer of the Most Complete Line of Floor Maintenance Equipment





## The Original...and Still the Leader...in Single- Pedestal OVERBED TABLES

The Hill-Rom No. 614 was the original single-pedestal overbed table. Naturally, over the years, the popularity of this multi-purpose table has resulted in imitations. Others have followed and copied it, but no other overbed table has the many refinements and advantages that are incorporated in the Hill-Rom No. 614. The original is still the leader.

This Hill-Rom Overbed Table is so sturdily constructed and so perfectly balanced it will hold any weight that could ever conceivably be placed upon it, without danger of upsetting. Mounted on large casters, it moves quietly and easily.



### Used Over Bed, Easy Chair, Wheel Chair

The Hill-Rom No. 614 Overbed is used over a bed, easy chair, wheel chair, fracture frame or crib. It is equally convenient for serving meals, reading, writing, playing cards, for makeup, shaving, etc. One side of top has a mirror attached, the other side makes a perfect reading rack. The space under the top can be used for storing cosmetics, shaving accessories, etc.

The wood top is finished in blond maple or light walnut. The metal base and upright are in durable hospital finish.

Folder giving complete information will be sent on request.

HILL-ROM CO., INC.  
BATESVILLE, IND.

**HILL-ROM**  
*Furniture for the Modern Hospital*

## Check these Features OF THE NEW IMPROVED LEONARD TYPE T Thermostatic Shower Mixer



- ✓ Durable bi-metal thermostatic coils maintain control over **temperature and pressure** fluctuations.
- ✓ Safety limits: By a simple pointer adjustment valve can be set for any desired maximum temperature.
- ✓ Simplified Design: The one moving part is self-cleaning and is easily accessible from front of valve.
- ✓ Separate volume control and shutoff enables the user to **regulate the flow** as well as the temperature.
- ✓ Equipped with **two outlets** — the regular top outlet for piping to shower head and a bottom outlet for piping to tub or body sprays.

**=LEONARD=**  
Reg. U.S. Pat. Off.  
*Thermostatic WATER MIXING VALVES*

### SELECT A VALVE "DESIGNED FOR THE INSTALLATION"



New Catalog H gives the complete story on the most complete line of thermostatic water mixing valves. Bulletin H-C covers the Type T valve only. Both are available on request.

**LEONARD VALVE COMPANY**  
ELMWOOD STATION • PROVIDENCE 7, R. I.

## Want Advertisements

### POSITIONS OPEN

#### AMERICAN HOSPITAL BUREAU —Continued

CLINICAL INSTRUCTORS—B.S. to assist in providing clinical instruction and integrated programs for students in diploma schools; university appointment \$3600.

MEDICAL RECORDS LIBRARIAN—R.R.L.; 320-bed hospital; California; large O.P.D. staff of seven in record room; \$265-\$325.

#### BUSINESS AND MEDICAL REGISTRY (Agency)

Elsie Miller, Director  
553 South Western Avenue  
Los Angeles 5, California

ANESTHETISTS—For Washington, Oregon and California hospitals; \$300-\$335; 40-hour week; many scenic locations included.

DIRECTORS OF NURSES—For several new district hospitals now in process of construction in various parts of California; 25-40 beds; salaries \$275-\$300; 40-hour week.

DIETITIAN—Administrative; 200-bed industrial hospital, southern California metropolis; \$250; 40-hour week.

#### BUSINESS AND MEDICAL REGISTRY —Continued

PSYCHIATRIC SUPERVISOR—Degree preferred; private mental hospital; southern California city; will teach affiliate students; excellent salary.

PHYSIOTHERAPY TECHNICIAN—Experienced; able take charge of department; well-established group; prosperous inland California city; \$250-\$300.

REGISTERED RECORD LIBRARIAN—Catholic hospital; 125 beds; city of 100,000 inland and south of San Francisco; \$250.

SCRUB NURSE—Post-graduate course preferred but consider someone with good experience; small new Nevada hospital; \$300, meals.

#### INTERSTATE HOSPITAL AND PERSONNEL BUREAU Miss Elsie Dey, Director 332 Bulkeley Building Cleveland, Ohio

ADMINISTRATOR—(a) 100-bed New England hospital. (b) 110-bed Ohio hospital. (c) 165-bed hospital; western Pennsylvania. (d) New hospitals under construction, Virginia, Illinois, Ohio, Indiana, Iowa. (e) 115-bed Kentucky hospital; school of nursing.

BUSINESS MANAGER—(a) Or comptroller; large southwestern hospital; salary \$6000. (b) Credit manager; \$4500; experience required.

#### INTERSTATE—Continued

DIRECTOR, NURSING SERVICE—(a) 100-bed hospital; Michigan. (b) New hospital; southern Illinois. (c) 400-bed hospital; large Ohio city. (d) Sisters' hospitals; Tennessee, Oklahoma, Ohio, California.

DIRECTOR OF NURSING—(a) 350-bed hospital; suburb New York. (b) 150-bed hospital; Illinois; college affiliation. (c) 175-bed hospital; Texas. (d) 140-bed hospital; Virginia. (e) 125-bed hospitals; western New York, New England, Pennsylvania, Ohio, Florida, Louisiana, Montana.

SUPERVISORS—INSTRUCTORS—Auxiliary and practical nurse programs; large hospitals; Ohio, Maryland, New York, Texas, West coast.

SUPERVISORS—(a) Operating room; \$250, maintenance. (b) Obstetrical; east; west; \$275. (c) Psychiatric; Ohio; \$300. (d) Pediatric; orthopedic; tuberculosis; contagion; \$250.

HOUSEKEEPERS—\$200, maintenance.

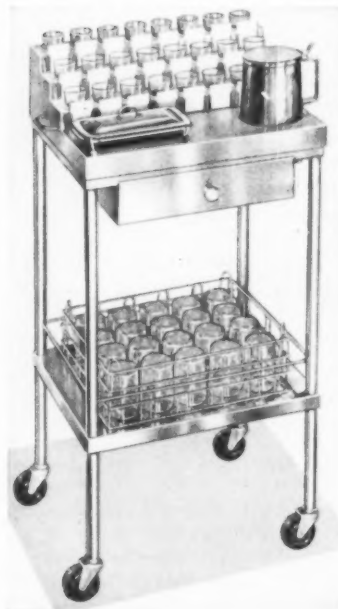
TECHNICIANS—(a) Laboratory; \$3000. (b) X-ray; \$2750. (c) Physiotherapists; \$200-\$300.

ANAESTHETISTS—To \$350, maintenance.

EDUCATIONAL DIRECTORS—(a) \$4200. (b) Instructors; nursing arts; science; clinic.

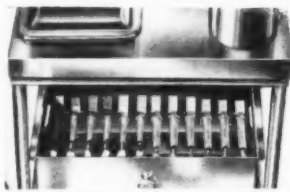
RECORD LIBRARIANS—(a) 250-bed hospital; east. (b) Southwest; west coast; \$3300.

Continued on page 228



## THIS IS THE NEW DEBS Medi-Kar<sup>®</sup>

*... saves 30 minutes  
of every hour in dispensing  
medications* — CARRIES UP TO 36 INDIVIDUALLY MARKED MEDICATIONS—24 MEDICINE GLASSES, 12 HYPO SYRINGES—  
FOR ONE NURSE ON JUST ONE TRIP.



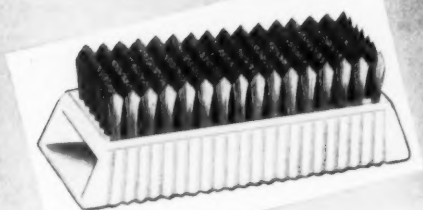
Pat. Applied For. \* Trade Mark

WRITE TODAY FOR ILLUSTRATED BOOKLET THAT SHOWS HOW YOU CAN SAVE MANY, MANY HOURS IN YOUR HOSPITAL.  
ADDRESS DEPT. ADM.

## DEBS Hospital Supplies inc.

118 SOUTH CLINTON STREET • CHICAGO 6, ILLINOIS

# A Brush With 9 LIVES...

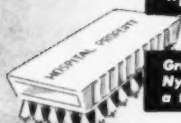


We have used Anchor Surgeon's Brushes for twelve months, and they are as good as new.

ORVILLE PETERSON,  
Administrator  
Copley Hospital, Aurora, Illinois

...**GUARANTEED  
TO WITHSTAND  
A MINIMUM  
OF 400  
AUTOCLAVINGS**

Anchor All-Nylon Surgeon's Brushes have been tested for many months in leading hospitals and have proven superior in design and construction. Anchor brushes remained in perfect condition after an average of two autoclavings per day for over one year. By specifying Anchor Brushes you will obtain the most economical Surgeon's Brush on the market today.



The saw tooth or  
chisel trim does a  
better scrubbing job

Nylon Handles  
are embossed with  
"Hospital Property"

Grooves in the  
Nylon Handles assure  
a firm grip

Order only through

**SELECTED HOSPITAL SUPPLY FIRMS**

For information write

**ANCHOR BRUSH COMPANY**  
AURORA, ILLINOIS

# ★**EVERYTHING FOR HOSPITALS!**



OUR NEW HOME — 3 FLOORS OF SHOWROOM SPACE!

★ MAIN FLOOR . . . CHINA . GLASS . SILVER—Everything for the perfect table service!

. **UTENSILS**—A complete line of fine quality utensils! Aluminumware—Enamelware—Stainless Steel Ware—Woodenware—Wire Goods—Cleaning Supplies.

★ SECOND FLOOR . . . **KITCHEN EQUIPMENT**—A complete line of Dishwashers—Glasswashers—Silver Burnishers—Peelers—Mixers—Slicers—Ranges and other Kitchen Machinery.

. **DUPARQUET KITCHEN EQUIPMENT**—the finest quality specially fabricated Sinks—Work Tables—Warmers—Steam Tables, etc.

. **REFRIGERATION**—The finest makes of Commercial high temperature and low temperature refrigerators. Walk-in and reach-in models, upright and chest types. DUPARQUET REFRIGERATORS manufactured for special requirements. Water Coolers—Ice Cream Cabinets.

★ THIRD FLOOR . . . **FURNITURE AND FURNISHINGS**—A complete display of fine furniture—Floor Coverings—Linens and Decorative Accessories.

• A skilled Food Service Engineering Department!

• A skilled Decorating Department!

• 4 floors of stock for prompt service!

VISIT US AT BOOTH 53-54, NATIONAL HOTEL EXPOSITION,  
NOVEMBER 7th-11th, NEW YORK CITY.

**NATHAN STRAUS-DUPARQUET INC.**

Serving the Finest Hospitals and Institutions for More Than a Century

33 East 17th St., Union Square North, New York 3, N. Y.

Telephone: ALgonquin 4-3600

Boston . Chicago . Miami . Norwalk

## Want Advertisements

### POSITIONS OPEN

#### THE MEDICAL BUREAU Burneice Larson, Director Palmoive Building Chicago 11, Illinois

**ADMINISTRATORS**—(a) Medical; one of largest hospital groups in country; teaching affiliations. (b) Lay; unit of university group, 300 beds. (c) Lay or medical; general 300-bed hospital, university town of 100,000, south. (d) Lay; small general hospital; construction recently commenced; will serve three counties; midwest. (e) General, 200-bed hospital; expansion program; town of 40,000; east. (f) Small hospital to be completed early 1950; preferably one available now so as to participate in further plans; town short distance, capital city, southern state. (g) Medical superintendent; preferably one experienced in surgery; Pacific Coast. (h) Medical; 350 beds; summer and winter resort city; south. (i) Medical; municipal hospital, 500 beds; university town; south. (j) Director; tuberculosis hospital; outside continental United States; climate mild although tropical. (k) Assistant; degree in hospital administration, residency required; lay or medical; medium-sized hospital; midwest. MH10-1.

#### MEDICAL BUREAU—Continued

**ADMINISTRATORS—NURSES**—(a) Orthopedic hospital to be completed early 1950; university town; south. (b) New hospital; small size, residential town, on Mississippi; \$400-\$500. (c) To assist administrator, fairly large hospital, then succeed her; considerable experience required. MH10-2.

**ANESTHETISTS**—(a) General hospital, 350 beds; busy surgery; \$4200-\$4500 including maintenance; midwest. (b) General hospital and clinic; staff of ten outstanding specialists; winter resort town, southwest. (c) Two; large teaching hospital; \$300, maintenance; southeast. (d) Two; university hospital, 550 beds; \$350 increasing to \$375 within six months; east. MH10-3.

**COMPTROLLER**—Thoroughly experienced in hospital accounting; 175-bed general hospital; twelve man clinic; southwest. MH10-4.

**DIETITIANS**—(a) Chief; 300-bed teaching hospital; department staffed by seven assistants; south. (b) Orthopedic hospital currently under construction; university town, middle west. (c) Chief; general hospital recently opened under American auspices in South America; knowledge of Spanish desirable. (d) Home economics department, large food manufacturing company; should be experienced in quantity food cooking, qualified to develop recipes for hotels, institutions; should have fairly wide interest in writing; duties involve some traveling; \$4500. (e) Chief and, also, assistant, fairly large general hospital; short distances from Philadelphia, New York. MH10-5.

#### MEDICAL BUREAU—Continued

**DIRECTORS OF NURSES**—(a) One of the country's largest teaching hospitals; duties principally administration, public relations; associate directors in charge of school, nursing service; \$600, maintenance. (b) One of California's leading hospitals; well staffed faculty; \$6000. (c) Hospital specializing in obstetrics-gynecology, unit of university group. (d) General hospital, voluntary, 200 beds; all-graduate staff; coastal town of 20,000, United States dependency; mild tropical climate; minimum \$5400, maintenance. (e) General hospital of small size staffed by ten outstanding specialists; winter resort town, southwest. (f) Director of nursing service only; university group, 1200 beds. (g) Assistant director; teaching hospital operated under American auspices. Asia. MH10-6.

**EXECUTIVE HOUSEKEEPERS**—(a) Relatively new group of institutions, cottage type; 350 employees; (b) General hospital, 350 beds; prefer man qualified engineering. MH10-7.

**FACULTY APPOINTMENTS**—(a) Educational director; collegiate school of nursing recently established by one of the country's oldest liberal arts colleges. (b) Science instructor; to plan and direct with assistant total basic science program; one of country's largest hospitals; teaching affiliations; \$3600. (c) Nursing arts instructor; large voluntary hospital; beautifully located in eastern state near university center; minimum \$3600. (d) Several large teaching hospitals; appointments carry academic rank of instructor, university faculty. (e) Educational director, public health nursing program, Eastern university. MH10-8.

Continued on page 230



**MAGGI'S**  
*Granulated*  
**BOUILLON CUBES**



The Nestlé Company, Inc., 155 East 44th St., New York 17, N. Y.

*as a hot drink . . .*

*as a basis for cooking*

### BOUILLON STIMULATES CONVALESCENT APPETITES

Rich in beefy flavor, Maggi's Granulated Bouillon Cubes made into a delicious "broth" augment the appetite and promote digestion in debilitated states following illness and in various asthenic conditions.

In addition to serving Maggi's Bouillon at luncheon, dinner and between meals, more and more institutions use Maggi's Granulated Bouillon Cubes in the handy, economical one and two pound jars as a cooking basis to make soups, meat and vegetable dishes more palatable.

Order from your supplier today.

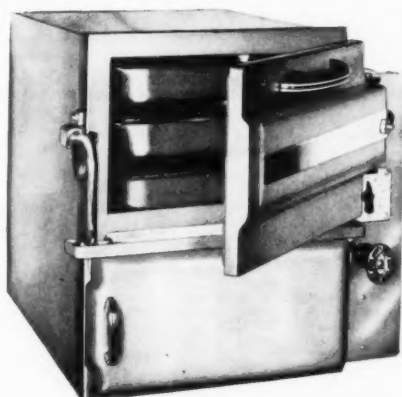
#### 2 OTHER MAGGI FLAVOR FAVORITES

★ Maggi's Seasoning

★ Maggi's Gravy Powder, Chef Style

# Steamcraft COOKER

GAS OR ELECTRIC  
for the Smaller Kitchen—  
**NOW MADE IN 2 SIZES**



## See this NEW "CUB"!

The steamer sensation of the year—that's the new Steamcraft "Cub"! A single compartment steamer taking up only a 22" space, it's ideal for counter or table use, or can be furnished with its own base. Just the thing for diet kitchens. Electric clock control gives 2-stage heat, cooking or holding. Makes its own steam by gas or electric operation, at entirely safe pressure. It holds 3 of your standard cafeteria pans. Has automatic water feed with float. At a lower price than any comparable steamer ever sold for—here is the LITTLE steamer that will do a BIG job of turning out finer, fresher, tastier food, as you want it, when you want it. Steamcraft is also made in the 2-compartment model shown below, holding 6 pans, for gas or electricity. Ask for Folder SCR-7.



2-compartment on base.

- Cleveland Range makes larger "Steam-Chief" steamers for any size kitchens. Full details from your jobber or from us.

THE CLEVELAND RANGE COMPANY  
**STEAMCRAFT DIVISION**  
3333 LAKESIDE AVENUE, CLEVELAND 14, OHIO

# Steamcraft

## PROBLEM

*of Desserts for Diabetics*

## SOLVED

by the makers of JELL-O

● It's always a problem to satisfy the natural desire craving of patients on diabetic and reducing diets. D-ZERTA, a truly delicious gelatin dessert, is a welcome answer for patients on these low-carbohydrate and low-calorie diets.

To add appetizing variety to diets, you can serve saccharin-sweetened D-ZERTA with confidence. It has been accepted by the A.M.A. Council on Foods and Nutrition. Available in assorted, delicious flavors and in packages of 6 and 20 one-portion envelopes . . . directions and analysis of contents on each envelope. Use coupon below for FREE professional sample and recipe booklet.

*Comes in  
6 Delicious  
Flavors*



General Foods Corporation,  
Dept. MH-10, Battle Creek, Michigan  
Please send me a free professional sample  
of improved, sugar-free D-ZERTA.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_  
Offer expires October 1, 1950

# D-ZERTA



## Want Advertisements

### POSITIONS OPEN

#### MEDICAL BUREAU—Continued

**MALE NURSES**—(a) Operating room, large-teaching hospital, south. (b) Clinic serving employes of American company in foreign country. MH10-9.

**MISCELLANEOUS**—(a) Social and guidance director; school of nursing, large general hospital, east. (b) Employee nurse; to direct health program, fashionable resort hotel. MH10-10.

**RECORD LIBRARIANS**—(a) Chief, new hospital operated by clinic staffed by diplomates American Board; winter resort area, southwest. \$3000-\$4500. (b) General, voluntary hospital, southern California; \$265 increasing to \$325. (c) Chief, large teaching hospital; staff of thirty-two. MH10-11.

**OCCUPATIONAL THERAPISTS**—(a) Large teaching hospital; university medical center; midwest. (b) State health department, west. MH10-12.

**PHARMACISTS**—(a) Chief, 300-bed hospital, expansion program; university town; minimum \$4200. (b) General Hospital, 250 beds; winter resort city, southwest. MH10-13.

**PURCHASING AGENT**—Well qualified and experienced in purchasing; university hospital, 600 beds. MH10-14.

#### MEDICAL BUREAU—Continued

**SUPERVISORS**—(a) Obstetrical; busy department, rapid turnover; large teaching hospital; university center, south; need not report until January. (b) Central supply; pediatric hospital of university group; large city of middle west, university medical center. (c) Operating room; large general hospital; considerable thoracic surgery; \$3700 increasing to \$4500; suburb, southeastern metropolis, university center. (d) Pediatric; general hospital, 400 beds; 40-bed department; two assistants; university town, 350,000 located lake area of east; \$3000-\$3600. (e) Operating room, obstetrical-gynecological and surgical floors; teaching hospital operated under American auspices in Asia. (f) Psychiatric; small hospital specializing in neurology. MH10-15.

#### MEDICAL PERSONNEL EXCHANGE

**Nellie A. Gealt, R.N., Director**  
4707 Springfield Avenue  
Philadelphia 43, Pennsylvania

**ANESTHETIST**—Chief, general hospital; Ohio; \$350, maintenance.

**DIRECTOR OF NURSING**—340-bed general hospital; New York area; Master's Degree required; salary open.

**DIEITIAN**—Supervisor; food production department large eastern university.

**EDUCATIONAL DIRECTOR**—New university project; appointment will carry university faculty status; major portion of time to be spent in the field directing program.

Continued on page 232

#### MEDICAL PERSONNEL—Continued

**EXECUTIVE HOUSEKEEPER**—300-bed leading hospital with an extensive building program under way; attractive living quarters.

**INSTRUCTORS**—(a) Clinical, (b) Nursing arts, (c) Science; 40-hour, 5-day week; \$300.

**RECORD LIBRARIAN**—75-bed, Colorado; starting \$200.

**PHARMACIST**—125-bed, Pennsylvania, 25-bed addition being completed; salary open; maintenance.

**PHYSIOTHERAPIST**—Head, new department; 260-bed hospital; starting \$300.

**SUPERVISOR**—Operating room; 127-bed hospital; \$250, complete maintenance.

**TECHNICIANS**—Laboratory; (a) Ohio; \$2700, meals. (b) Pennsylvania; \$3000, meals. (c) private laboratory; \$50, weekly.

**OCCUPATIONAL THERAPIST**—Children's hospital; starting \$200, meals and laundry.

We make no charge for registration.

#### MEDICAL PLACEMENT AND MAILING SERVICE

**Mrs. Stewart Roberts**  
768 Juniper Street, North East  
Atlanta, Ga.

**CLINICAL INSTRUCTOR**—In medical and surgical nursing hospital; northwest; \$240 per month plus laundry of uniforms, 5-day week; 28 days vacation annually and 12 days sick leave allowance.

### What advantages are there in these Folding Doors for hospitals?

In hospitals, Modernfold Doors are particularly well adapted to solve many types of closure and partition problems.

Modernfold is unique in closing units—with an accordion-like action in opening and closing. It saves the space swinging doors waste—every inch of wall and floor space is rendered usable and accessible.

The strong metal frame folding on itself provides easy, trouble-free operation. It assures a firm foundation to which easily cleaned, plastic-covered fabrics are attached. They are available in a wide variety of colors—to match any general color scheme.

Modernfold Doors can be used either as a "movable wall" for easy, economical room division, or as an attractive, space-saving closure for all types of interior openings. They can be used for nurses' homes, interne quarters, closing off rooms from corridors, in reception rooms, separating doctors' offices from examination and treatment rooms, etc. Write for full details.



**modernfold**

**NEW CASTLE PRODUCTS**

New Castle Indiana

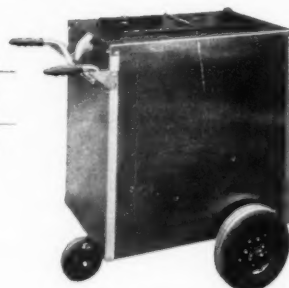
In Canada: Raymond Mfg. Co. Ltd. Montreal

Consult your local telephone book for the names of our installing distributors

### CRACKED ICE CART ALL STAINLESS STEEL

150 lb. Storage—  
Heavy Duty  
Rubber Wheels—  
Three Inches  
Insulation

★  
Immediate  
Delivery  
★



Model XV Ice Cart  
For Storage and Mobility  
All Stainless Steel

Write for Catalogue

Complete Line of Cracked Ice  
containers and carts.

**GENNETT & SONS, INC.**  
RICHMOND INDIANA



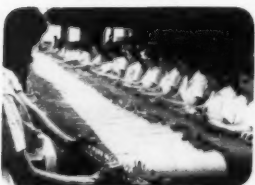
## New Pharmaceutical Laboratories Air Conditioned with Frick Refrigeration



Office and Plant are Modern Throughout

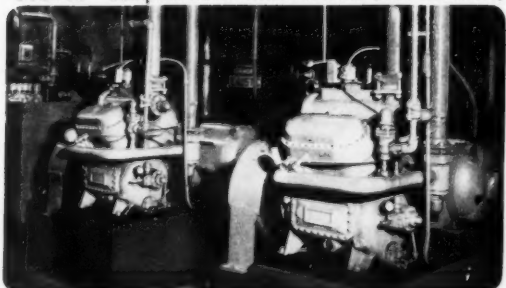


One of the Air Conditioned Laboratories



Assembling Expendable Transfusion Sets

Two Frick NEW "ECLIPSE" Compressors Also Builders of Power Farming and Sawmill Machinery



Baxter Laboratories, which have the largest production of intravenous solutions and blood transfusion equipment in the world today, use two Frick NEW "ECLIPSE" compressors for cooling the offices, research departments, and many work areas in their recently completed plant at Morton Grove, Ill. This covers 300 by 400 ft. Frick installation made by Midwest Engineering and Equipment Co., Sales Representatives in Chicago. When you want dependable air conditioning, refrigerating or ice-making equipment, engineered to your special needs, look to



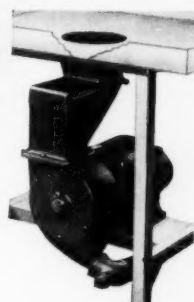
## SALVAJOR Equipment for Kitchen SANITATION

SALVAJOR SCRAPPING & PRE-WASH MACHINE



Popular with large and small dishwashing departments. Speeds dishwashing. Saves silverware from loss in garbage. Cuts detergent costs. Helps get dishes cleaner.

WasteXit FOOD WASTE DISPOSER



Cuts and discharges all waste into sewer as flowing liquid. Eliminates garbage odor and need of refrigerated storage rooms. Helps solve fly and rat problems. In sizes and voltages to fit your needs.

New Dehydration Type WASTE DISPOSER

### The SALVAJOR CONSUMALL

An economical gas-fired unit that reduces all burnable waste to a fine powder. CONSUMALL silently dehydrates food waste, including bones, seeds, etc., with the gases created largely by the heated waste itself. Ideal for locations where grinder type garbage disposers are not yet permitted. Uses all types of gas. Single unit excellent for small operations. Double unit for larger operations. Also, units can combine for unlimited capacity.



See Your Restaurant Equipment Dealer or Write

## THE SALVAJOR COMPANY

118 Southwest Blvd., Dept. MH

Kansas City, Mo.

### THE SALVAJOR COMPANY

Please forward detailed information on Salvajor equipment as checked.

☐ Scrapping & Pre-Wash Machine

☐ Consumall

☐ WasteXit

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

## Want Advertisements

### POSITIONS OPEN

#### MEDICAL PLACEMENT

##### —Continued

**DIRECTOR OF EDUCATION**—R. N., Florida hospital; \$225 per month with full maintenance.

**OPERATING ROOM NURSES**—Salary plus laundry of uniforms; 2 meals daily; 3 weeks paid vacation annually; hospital southwest.

**ASSISTANT SUPERINTENDENT OF NURSES**—Small Georgia hospital.

**SHAY MEDICAL AGENCY**  
Blanche L. Shay, Director  
55 East Washington Street  
Chicago 2, Illinois

**ADMINISTRATOR**—Middle west; new hospital; 52 beds; most modern construction; completely equipped; will consider administrator who has just finished course in hospital administration; excellent opportunity; salary open.

**HOSPITAL MANAGER**—West; new 20-bed hospital now under construction; expect to open about January 1, 1950; need manager at once to help select proper equipment, etc.; salary open.

#### SHAY—Continued

**EXECUTIVE DIRECTOR**—Northwest; 28-bed hospital; special training in hospital administration; \$5000 to \$6000 to start.

**EXECUTIVE HOUSEKEEPER**—South; 300-bed hospital; housekeeping department consists of 3 assistant housekeepers and 30 porters and maids; \$200 plus full maintenance to start.

**ASSISTANT DIRECTOR OF NURSES**—South; 145-bed hospital; must have degree and some experience in administrative capacity; 40-hour week; 5 days; \$350.

**ANESTHETIST**—West; 95-bed hospital; work alternate week ends; pleasant working conditions; \$375 plus maintenance.

**DIETITIANS**—(a) Head; middle west; A. D. A. member; some teaching; \$325 plus full maintenance. (b) Therapeutic; east; 350-bed hospital; \$250 plus full maintenance. (c) Executive; east; 190-bed hospital; need not be A. D. A.; \$300, full maintenance. (d) Chief; southeast; 455-bed hospital; very modern equipment; \$300, full maintenance.

**SUPERVISORS**—(a) Operating room; southwest; 45-bed well equipped industrial institution; \$285, maintenance. (b) Assistant Nursing Service; California; 500-bed fully approved hospital; \$320, maintenance. (c) Clinical; east; 114-bed hospital; new modern nurses home; \$190, maintenance. (d) Orthopedic; east; 196-bed hospital affiliated with university; \$250, maintenance.

Continued on page 234

#### WOODWARD MEDICAL PERSONNEL BUREAU (Formerly Aznea's)

Ann Woodward, Director

185 North Wabash Avenue  
Chicago 1, Illinois

**ADMINISTRATORS**—(a) New, modern hospital 140 miles west of Chicago; to \$6000; must be well qualified. (b) For new 52-bed hospital now under construction; will be most modern and completely equipped; prefer young man finishing course in hospital administration or has had some experience following course in hospital administration; good salary; pleasant midwest city, desirably located. (c) New 69 bed, 22 bassinets eastern hospital located in progressive enterprising community of 7000 in rich agricultural section; hospital service will include about 40,000 inhabitants. (d) New 40-bed southern hospital. (N224).

**ANESTHETIST**—To \$5400 yearly; active clinic midwest university town. (N466).

**CHIEF DIETITIAN**—Excellent opportunity; 150-bed hospital Great Lakes region; excellent personnel policies; to \$4000. (N359).

**DIRECTOR OF NURSES**—100-bed hospital exclusive Florida resort town; \$4000 maintenance; degree required. (N337).

## Which way do you buy blankets?



"How cheap can I buy them?"



"How long will they last?"

Cheap blankets are not worth the price, no matter how little that price may be.

Consider replacement cost. How soon will you have to buy again? On this basis, decide whether you can really afford to buy cheap blankets.

This question makes sense. Because you want to be sure of getting quality materials, skillfully woven for beauty and durability. The little extra North Star blankets may cost, is actually long-run economy. Because North Stars are woven to your exact specifications to give the long years of service you have every right to expect from superior blankets.



Let us know your requirements. Write

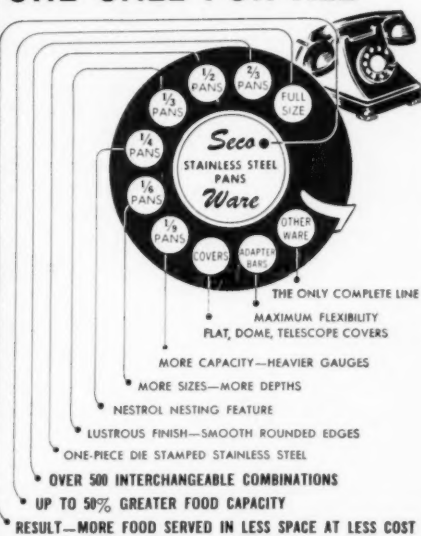
**NORTH STAR WOOLEN MILL CO.**

CONTRACT BLANKET DEPARTMENT M-10, 40 WEST 40th STREET  
NEW YORK 18, N. Y.

MILLS IN MINNEAPOLIS 1, MINN., AND LIMA, OHIO

The MODERN HOSPITAL

# ONE CALL FOR ALL



Telephone Your **Seco-Ware** DEALER Today!



Over 500 separate interchangeable pan top COMBINATIONS for your individual needs . . . utilizing every inch of your 12x20" table and counter top openings RESULT MORE food served in less space at less cost!

Available in series of FULL, TWO-THIRD, ONE-HALF, ONE-THIRD, ONE-FOURTH, ONE-SIXTH, ONE-NINTH sizes—with covers. Depths of 1", 2 1/2", 4", 6", 8".

Die-stamped of one-piece solid heavy gauge stainless steel; covered corners, smooth rounded edges, beautiful lustrous finish—plus the famous "NESTROL" nesting feature.

Insist on the SECO-SYSTEM of hot and cold food storage! Your DEALER has SECO-WARE in stock . . . see him today.

Write For Catalog SW47B-3

**SECO COMPANY INC.** 5208 South 38th Street ST. LOUIS 16, MISSOURI U.S.A.

## HERRICK

### Stainless Steel REFRIGERATORS



Year after year, users of HERRICK "plus-refrigerators" continue to praise the dependable, trouble-free operation of these superb units. They praise, too, the many advantages of HERRICK complete food conditioning. This splendid record is a result of the HERRICK 58 year-old policy "Use the Best to build the Best".

HERRICK "plus-refrigerators" will serve you as they have these thousands of others. HERRICK complete food conditioning will save you money by preventing food spoilage . . . by reducing food shrinkage . . . by keeping foods always fresh, always delicious. Write us for the name of your nearest supplier of HERRICK equipment.

**HERRICK REFRIGERATOR CO. • WATERLOO, IOWA**  
DEPT. M COMMERCIAL REFRIGERATION DIVISION

## HERRICK

*The Aristocrat of Refrigerators*



## Want Advertisements

### POSITIONS OPEN

#### WOODWARD—Continued

**HOSPITAL HOUSEKEEPER**—For 500-bed university teaching hospital New York area; age 35 to 45; experience required. (N174)

**RECORD LIBRARIAN**—\$3600 to \$4500 for well qualified candidate; two million dollar modern hospital; southwest; forty hour week. (N281)

**BIOCHEMIST**—To head division of biochemistry 400-bed hospital; serve in supervisory and consultant capacity for five local hospitals; opportunity for research and teaching; to \$6500 yearly. (T113)

**LABORATORY & X-RAY TECHNICIAN**—Fast growing, well established clinic near Hot Springs National Park; registration required; \$4200 yearly. (T283)

### PLACEMENT BUREAUS

**BROWN'S MEDICAL BUREAU (Agency)**  
7 East 42nd Street  
New York City 17

If you are seeking a position or personnel—please write. Gladys Brown, Owner-Director.  
We Do Not Charge a Registration Fee.

### PLACEMENT BUREAUS

Find Your Happiness In The  
Pacific Northwest  
Positions open in all medical fields  
write to

**MEDICAL PLACEMENT BUREAU**  
Maxine Thee, Director  
337 Liberty Building  
Yakima, Washington  
In the Famous Yakima Valley

**ZINSER PERSONNEL SERVICE**  
Anne V. Zinser, Director  
Suite 1004—79 West Monroe Street  
Chicago 2, Illinois

We have many good openings for Directors of Nurses, Instructors, Supervisors, Dietitians, Medical Technicians, Record Librarians and Staff Nurses. If you are looking for a position, please write us.

Continued on page 236

### PLACEMENT BUREAUS

**L. A. MEDICAL BUREAU (Agency)**  
756 So. Broadway, Los Angeles 14, Calif.  
Telephone Trinity 5618

Harry F. McCafferty, Owner  
We invite inquiries from Employers desiring Personnel and from Applicants seeking positions in the Southern California Area.

**MEDICAL-DENTAL PERSONNEL BUREAU OF SPOKANE**

Mary Lowry, M.T., Director  
825 Paulsen Bldg.  
Spokane 8, Washington

Many Good Positions in All Medical Specialties in the Great Northwest  
Write us for full details.

## FOR A QUICK, CLEAN SWEEP! "BIG X" Dust MOP



Nationally famous, "BIG X" saves time—lowers labor cost. Snatches up dust on contact. A durable, heavy-duty giant, available in various widths up to 60". Can be removed from black and washed like new.

#### Perfect for HOSPITALS!

Don't try to mop big areas with household types of mops. Instead, do as thousands of hospitals do: Mop much faster and get much longer service—at lower cost—from "BIG X" Dust Mops, prize-winning, 16-ply VICTORY Wet Mops, HOLZ-EM Applicators—for wax, seals, varnish, etc. (Illustrated specification sheets on request.)

Your supplier has these mops or can get them for you from



### AMERICAN STANDARD MFG. COMPANY

(MEMBERS OF THE NAT. SANITARY SUP. ASSOC.) • Incorporated 1900  
CHAS. E. KREBS and WALTER O. KREBS

2511 SOUTH GREEN STREET • CHICAGO 8, ILLINOIS

Proved  
outstanding  
for



**Q** QUALITY  
**E** ECONOMY  
**D** DEPENDABILITY

America's Most Popular Sheets  
More than 144 threads per inch.



America's "best-buy"  
all-purpose percales. More than  
180 threads per inch.



America's loveliest luxury  
percales. More than 200  
combed threads per inch.

Pequot Mills, General Sales Offices: Empire State Bldg., New York 1 • Boston • Chicago • San Francisco • Dallas





where **CLEAN-SAFE FLOORS**  
are a **MUST...**

"HANDLE WITH *Hillyard* CARE"



## HILLYARD'S Super Shine-All

**The Safest, Cleanest, Most Economical  
Hospital Floors In The World Are Under  
Super Shine-All Protection Right Now!**

HILLYARD'S Super SHINE-ALL, approved by Underwriters Laboratories as "Anti-Slip", is the one cleaning material that can be used on every kind of resilient floor with safety. It contains 100% active cleansing ingredients—leaves no scummy, sticky film or abrasive residue like ordinary soaps and powders.

### Cuts Floor Labor Costs In Half

Being a neutral chemical cleaner, Super SHINE-ALL eliminates rinsing, the time-consuming task that *doubles* labor costs. It is the *only* cleaning material that cleans and preserves all types of floors . . . in half the working time. Investigate HILLYARD'S Super SHINE-ALL for your floors today!

**REMEMBER . . . HILLYARD'S** nation-wide staff of "Maintainers" offers you expert floor consultation service. No charge—just CALL, WRITE OR WIRE FOR THE NAME OF YOUR NEAREST HILLYARD "MAINTAINER".



**ST. JOSEPH, MISSOURI**

Here's why so many Hospitals  
have installed

**RUSCO**  
all-metal, self-storing  
**COMBINATION SCREENS  
AND STORM SASH**



- For The Patients' Comfort..
- For the Staff's Convenience..
- For Savings in Fuel and Maintenance

### HERE'S WHY YOU GET GREATER ALL-WEATHER COMFORT

Rusco Combination Windows keep interiors warmer in the winter, cooler in the summer. Chilling sill drafts are eliminated and cold zones are reduced . . . thus helping to maintain a more uniform temperature throughout the building. **RUSCO MAGIC PANEL VENTILATION** permits rainproof, draft-free, filtered-screen ventilation in any weather.

### HERE'S WHY YOU GET YEAR 'ROUND CONVENIENCE

Rusco Combination Windows are instantly available as screen or storm sash. There's nothing to change—nothing to store. Simply lower the storm panel to full insulating position in cold weather, raise it to storage position for warm weather. Windows may remain in no-draft ventilation position during hard rain and wind storms without danger to occupants or furnishings.

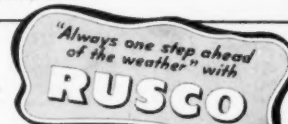
### HERE'S WHY RUSCO WINDOWS PAY FOR THEMSELVES

Rusco Combination Windows give you screen, storm sash and weather stripping in one permanently installed unit. The patented Thermolok® Closure Frame assures a permanently weather-tight fit—the triple-seal finished steel frames give years of satisfactory service—the plastic screen cloth never needs painting. All these maintenance-free features *plus* up to 1/4 savings on fuel mean Rusco Windows pay for themselves in a few years.

### HERE ARE SOME OF THE MANY HOSPITALS ENJOYING MODERN COMFORT AND CONVENIENCE WITH RUSCO COMBINATION WINDOWS . . .

Malden Hospital, Malden, Mass. . . Mercer Cottage Hospital, Mercer, Pa. . . The Huntington County Hospital, Huntington, Ind. . . Tecumseh Hospital, Tecumseh, Nebraska . . . St. Elizabeth's Hospital, Youngstown, Ohio . . . Nantucket College Hospital, Nantucket, Mass. . . Mercy Hospital, Auburn, N. Y. . . New England Hospital for Women & Children, Roxbury, Mass. . . Newport Naval Hospital, Newport, R. I. . . Valley View Sanatorium, Haledon, N. J.

Technical data  
available from  
manufacturer or your  
Rusco distributor



**THE F. C. RUSSELL CO.**

DEPARTMENT 1-MH109 • CLEVELAND 1, OHIO

World's Largest Manufacturer of Combination Windows

© 1949

\*T. M. REG. APP. FOR



## Want Advertisements

### MISCELLANEOUS

#### BOOKBINDING

Have your hospital journals and magazines bound into permanent books. Finest workmanship at reasonable prices. Inquiries invited. **NORRIS BOOKBINDING COMPANY, GREENWOOD, MISSISSIPPI.**

### FOR SALE

**J. F. Apple Company, Inc.**  
Lancaster, Pa.

Makers of hospital pins, rings and metals of all kinds.

#### NURSING AND MEDICINE

We have in stock every nursing or medical book published. Lowest prices with unexcelled service. Write **Chicago Medical Book Company, Congress and Honore Streets, Chicago 12, Illinois.**

New and used hospital equipment bought and sold. Large stock on hand for the physician, hospital and laboratory. Write for what you want or have for sale.

**HARRY D. WELLS**  
400 East 59th Street, New York City

### FOR SALE

Ideal Electric Food Conveyor (The Schwartzbaugh Manufacturing Company.) Model #5020-110 volts for AC, consisting of four heated and one cold compartments. Rubber bumpered. No reasonable offer refused. **Jewish Memorial Hospital, 196th Street and Broadway, New York, New York.**

#### IDEAL HEALTH RESORT

Suitable for Sanitarium, Rest Home, etc. Located in southern Wisconsin in a setting of rolling hills, natural springs, pine covered slopes. Can be operated the year around. 70 acres, 4 private lakes. Contains the largest natural spring in Wisconsin—over 3,000,000 gallons of clear, sparkling, healthful Waukesha water per day. Natural stone house completely encloses the spring. New, modern buildings, completely equipped. Steam heated throughout, private tile bath. Air conditioned dining room, modern kitchen. Has every facility for successful operation. Price \$135,000—half down, balance on convenient terms. **MSI, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.**

Continued on page 238

### SCHOOLS—SPECIAL INSTRUCTION

**HERRICK MEMORIAL HOSPITAL** offers the following programs in the Herrick School of Hospital Arts: 12-month course for Medical Record Librarians; 24-month course for x-ray technicians; 12-month course for practical nurses. Courses G.I. approved or approval pending. For further information, apply to the Director, Herrick School of Hospital Arts, 2001 Dwight Way, Berkeley, California.

#### MERCY COLLEGE SCHOOL OF ANESTHESIA

Offers a twelve-month course in Anesthesiology to graduates of accredited Schools of Nursing. The course includes didactic and clinical experience in all inhalation, intravenous and rectal anesthetics; and in the therapeutic gases; helium, oxygen and carbon dioxide. Classes are admitted the first of January and September. Apply to Director, Department of Anesthesia, Mount Carmel Mercy Hospital, 6071 West Outer Drive, Detroit 21, Michigan.

## EVERY HOSPITAL NEEDS SEVERAL BULLETIN BOARDS—

From the physicians' call to the kitchen—from the nurses' home to the lab.—Is yours amply fitted for posting notices, rules, etc.?

The new Beckley-Cardy Cork Bulletin—top hinged—designed specially for Hospital Service is ideal. Hinges lock open—instantly latches closed.

Cork base holds pins or thumb tacks.

Special 30"x24" framed ready for hanging — only \$25.00. 5 for \$120.00.



**BECKLEY-CARDY CO.**  
1626 South Indiana Ave. Chicago 16, Ill.

## Only INLAND Offers You PORTABLE BED SIDES With All These Features!



No. H-21 Portable Sliding Bed Sides with No. H-364 Inland Posture Bed and No. H-362 Innerspring Mattress.

- Fits All Standard Wood or Metal Beds!
- Patented Crib-type Sliding Construction . . . Raising or Lowering Does Not Interfere with Adjacent Furniture.
- Sides Clamp to Bed Rails—Can't Mar Bed Because They Do Not Come in Contact with Head or Foot.
- Portable . . . Easily Applied or Removed Without Tools. Used in Leading Hospitals Throughout the Country!

Write for Complete Information and Prices

**INLAND BED COMPANY**  
3921 S. Michigan Ave. Chicago 13, Illinois

"As Colorful as its Name"

# The HORNER Californian



- ★ BEAUTIFUL
- ★ SOFT
- ★ LUXURIOUS



A 100% virgin wool blanket especially created to please the most fastidious. Sparkling in appearance, thoroughly mill shrunk and will withstand repeated washings.

SIZE 72 x 90, whipped ends, individually boxed, priced right. A blanket that any hospital can be proud of!



Over 113 years of experience in making woollens is your guarantee of satisfaction. Write for details of blankets for ward and ambulance use.

**HORNER WOOLEN MILLS COMPANY**  
EATON RAPIDS, MICHIGAN

## New! GENERAL ELECTRIC COMMERCIAL VACUUM CLEANER

LIGHTWEIGHT  
POWERFUL  
COMPACT

WET OR DRY  
PICK UP



Here is a vacuum cleaner which is truly "heavy duty," yet light enough to be easily operated by a woman.

Moderate in cost, it comes complete with tools for dry pickup and . . . available at small extra cost are accessories by which the cleaner can be converted to wet as well as dry pickup!

**SOME SPECIFICATIONS** — 15½ in. high, 13¼ in. diameter; weight 23½ lb.; General Electric universal-type motor, 110 volt a-c/d-c; dirt capacity ½ qt.; cord—20-ft. rubber, covered with plastic plug; finish—two-tone gray, chrome fittings.

Use this cleaner for these and other difficult jobs:

- Thorough cleaning of carpets and runners
- Taking up mop water, shampoo suds, etc.
- Dusting of hard-to-reach areas
- Removing coarse litter, tracked-in gravel

MODEL AV1  
189WP with  
tools

Comes complete with tools for dry pickup. For wet pickup, accessories shown immediately below cleaner (wet pickup bag, rubber squeegee for bare floors, metal squeegee for rugs) are offered at small extra cost.



**MAIL COUPON TODAY!** A new catalogue, just off the press, gives complete information about Model AV1 189WP, as well as other cleaners in General Electric's heavy-duty line. Send for it now.

### Commercial Vacuum Cleaners

**GENERAL ELECTRIC**

General Electric Company, Dept. 22-516  
1285 Boston Avenue, Bridgeport 2, Conn.

Without obligation, please send the new catalogue and complete information on the new Model AV1 189WP.

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

## Want Advertisements

### SCHOOLS—SPECIAL INSTRUCTION

Six months' POST-GRADUATE COURSE IN PEDIATRIC NURSING—Classes begin January, April, July, October—Address inquiries to Director of Nursing, Children's Hospital, 1220 W Street, Northwest, Washington 9, D.C.

SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition, \$190.00; approved by the American Medical Association. For further information, write the Director of Laboratories, Barnes Hospital, 690 S. Kingshighway, St. Louis, Mo.

JERSEY CITY MEDICAL CENTER SCHOOL OF NURSING offers to qualified graduate nurses a four-month course in operating room technic. Full maintenance and stipend granted. Apply to Director of Nurses, Jersey City Medical Center, Jersey City, N. J.

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and a stipend of \$60 a month is provided. For full information, apply to the Director of Nurses, Providence Lying-in Hospital, Providence 8, Rhode Island.

QUEEN OF ANGELS HOSPITAL, Los Angeles, California, offers a six-month course for graduate nurses in obstetrics. Classes admitted January 15 and July 15. For further information apply to the Director of Nursing, 2301 Bellevue, Los Angeles 26, California.

ST. FRANCIS HOSPITAL, Peoria, Illinois, offers a comprehensive course in Anesthesia to graduate nurses of accredited schools of nursing, and is open to Sisters. This course includes all types and methods of Anesthesia in use today. For further information write to Sister M. Borromea, R.N., Director, School of Anesthesiology, St. Francis Hospital, Peoria, Illinois.

### JUNIOR COLLEGE OF PHYSICAL THERAPY, Inc.

Thirty-first Year—1949-1950

Physicians' Course—Short intensive course for graduates in Medicine arranged at any time.

Junior College of Physical Therapy—Two-year course for high school graduates, leading to degree of Associate in Science. Graduates in nursing or physical education and two-year college students admitted to senior year.

Medical Secretary—One-year course for high-school graduates. X-ray and Laboratory—Combined with physical therapy or separately.

For catalog and terms of tuition address: John C. Allen, M.D., President, 262 Bradley St., New Haven 10, Conn.

Continued on page 240

in  
**LEADING  
HOSPITALS  
everywhere**



**S'WIPE'S\*** \*Reg. U. S. Pat. Off.

FOR ECONOMY • FOR CONVENIENCE • FOR COMFORT  
S'WIPE'S\* are the EXTRA quality tissues preferred by America's most efficient hospitals. Greater absorbency—and so economical, too! Available in two regular sizes and packaged in five different counts. Order S'WIPE'S\* flat, folded or interfolded in bulk or boxed. Your dealer will supply you with samples and prices. Or write us today!

**The GENERAL CELLULOSE CO., Inc.**  
GARWOOD, NEW JERSEY

MEMBER AMERICAN SURGICAL TRADE ASSOCIATION, NATIONAL ASSOCIATION OF MANUFACTURERS, HOSPITAL INDUSTRIES ASSOCIATION

*A mop wringer makes news when*

Institutions re-order more wringers the minute they see first sample

JANITORS OFFER TO PAY FOR WRINGERS IF BUILDING MANAGEMENT WON'T

Building Superintendents Want Geerpres Wringers for their homes

CITY OF OVER 500,000 WILL BUY NOTHING BUT GEERPRES WRINGERS

Army Buys Entire GEERPRES OUTPUT DURING WORLD WAR II

*That's only part of the "MOP WRINGER NEWS" made by GEERPRES*



SINGLE TANK AND TWIN TANK FOR MOPS UP TO 24 IN. FOR MOPS UP TO 36 IN. ALSO "TANGLEPROOF" MOPSTICKS

Shown: 2116 Outfit Complete

Ask for Catalog #946

**GEERPRES WRINGER, INC.**

Manufacturers of High Grade Mopping Equipment

P. O. BOX 658

MUSKEGON, MICH.

# Buy Quality For Economy

The Longer-lasting linens you get at BAKER are expressly woven for service. They pay off in lower linen costs.

**H.W. BAKER LINEN CO.**

EST. 1892

Oldest and Largest Organization of its Kind  
in the U.S.

315-317 Church St., New York 13, N.Y.  
and 12 other cities



## Hospital Sheeting

Waterproof, resistant to stains and acids  
— easily cleaned and sterilized. Non-  
toxic. Both heavy-duty and lightweight —  
coated one or two sides.

Ask your Hospital Supply House for  
**Royal Archer Sheeting**

ARCHER RUBBER COMPANY  
MILFORD, MASSACHUSETTS

QUALITY RUBBERIZED GOODS SINCE 1907

## Why Wax Floors So Often?

"To protect the floors and simplify maintenance," would be a logical answer. However, these purposes can be served, and *still* the frequency of waxing can be reduced, by using *The Finnell Hot-Wax Process*. In this process, *Finnell-Kote Solid Wax* is used, and it is applied mechanically with *Finnell Equipment*.

*Hot-waxing* affords greater penetration, and thoroughly utilizes the wax solids. *Hot-waxing with Finnell-Kote*, whose genuine wax content is three to four times greater than average wax, produces a finish unique in wearing and protective qualities. Shows substantial savings in labor costs, on a year-to-year basis, as a result of fewer applications required. *Finnell-Kote* is heated in a *Finnell-Kote Dispenser* attached to a *Finnell Machine*. The melted wax is fed to the floor through the center of the brush ring, and is uniformly and rapidly spread by the revolving brushes. *Sets in less than ten seconds*. Polishes to a beautiful, non-skid finish. Contains genuine Carnauba. The machine shown below is a *Motor-Weighted Finnell* that can be used to apply wax, polish, wet- and dry-scrub, scrub rugs, steel-wool, sand, and grind!

For consultation or literature, phone or write nearest *Finnell Branch* or *Finnell System, Inc.*, 1410 East Street, Elkhart, Indiana. Branch Offices in all principal cities of the United States and Canada.



**FINNELL SYSTEM, INC.**

*Dealers and Specialists in*  
FLOOR-MAINTENANCE EQUIPMENT AND SUPPLIES

BRANCHES  
IN ALL  
PRINCIPAL  
CITIES



## Want Advertisements

### SCHOOLS—SPECIAL INSTRUCTION

The MARGARET HAGUE MATERNITY HOSPITAL. The largest hospital in the country offers the following to registered, professional nurses of accredited schools:  
Four Months' Course:

Included are obstetric lectures, nursing classes, techniques, laboratory science, nutrition, mothers' health and socio-economic aspects. Supervised experience is given in antepartal, intrapartal, postpartal and newborn infant care with a minimum of twenty-five hours of clinical instruction. Students may elect one month's experience in premature nursery, formula room, isolation, antepartal or clinic and field service.

#### Six Months' Course:

Following the above program, a two months' course is offered to students who have demonstrated potentialities for head nurse responsibilities. It includes instruction in principles and methods used in clinical teaching program and ward management. Students plan and conduct their program of clinical instruction with the head nurse and serve as assistants. They are directed and supervised by the instructor of the course.

Classes admitted every other month beginning February. Maintenance and stipend of \$75.00 per month granted. Write for catalogue. Address Rose A. Coyle, R.N., Director of Nurses, 88 Clifton Place, Jersey City 4, New Jersey.

## Give the VOLUNTEER FORUM TO THE MEMBERS OF YOUR Governing Board

The "Volunteer Forum" contains a group of carefully selected articles (taken from current issue of The MODERN HOSPITAL) that have been briefed and digested to save time of the trustee.

Price: The charge is five cents a copy per month.  
Minimum order is for five copies monthly.

Published by

The MODERN HOSPITAL PUBLISHING CO., Inc.  
919 N. MICHIGAN CHICAGO 11, ILL.



Use **BRILLO**  
SOLID DISC STEEL WOOL  
**FLOOR  
PADS**

Modern way to save time and expense—yet have brighter, longer-lasting floors. Brillo 100% useful solid-disc floor pads maintain all floors—hardwood, linoleum, composition, rubber or asphalt tile. Four grades; sizes for all machines.

Send for FREE Folder!

Brillo Mfg. Co., Dept. M, 60 John St., Brooklyn 1, N. Y.  
Send free folder on low-cost Brillo floor care.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City & State \_\_\_\_\_

## Bedridden Patients, Nurses and Internes

can be evacuated  
with **POTTER  
SLIDE FIRE ESCAPE**  
faster and with  
greater safety  
than any other  
known method

**MAJOR  
DISASTERS  
can be avoided**

when the regular corps of  
attendants are available.

Approved by the  
Underwriters Laboratories

Write for full information.

FOR QUICK ESTIMATES, PHONE COLLECT (ROgers Park 4-0098)

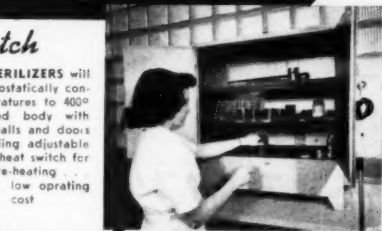
**POTTER MFG. CORPORATION**  
6118 N. California Ave. CHICAGO 45, ILL.  
OVER 9,000 POTTER FIRE ESCAPES IN SERVICE



# Rapid Sterilization with DRY HEAT

## Despatch

ELECTRIC STERILIZERS will provide thermostatically controlled temperatures to 400° . . . reinforced body with double-steel walls and doors . . . easy-loading adjustable shelves . . . 3-heat switch for fast or slow pre-heating . . . low operating cost



Positive sterilization guaranteed. Heat penetrates rapidly to destroy bacteria on instruments, glassware, needles. Designed to meet the usual requirements of hospitals, laboratories and medical depots. Easy to operate—just turn the switch and set at the desired heat. Six capacities, 110V or 220V AC are available for quick delivery.

Ask for  
BULLETIN NO. 110

**DESPATCH**

Established 1902  
OVEN  
CO.

333 DESPATCH BLDG.  
MINNEAPOLIS 14, MINN.

Rug Cleaners—Shampoos  
Mopping Equipment  
Window Squeegees  
Mechanics Hand Soaps  
Brooms & Brushes—all kinds  
Soap Dispensers  
Drain Opening Machines  
Fire Extinguishers  
Aromatic Chemicals  
Wax Applicators  
Dishwashing Compound  
Moth Preventatives  
Sanitary Napkins & Dispensers  
Sweeping Compound  
Rubber Aprons—Gloves  
Disinfectant Machines  
Floor Polishing Machines, Etc.  
—Everything for better cleaning.



The specialized knowledge and experience of the janitor supply house displaying the National Sanitary Supply Association Emblem will prove helpful to you in the proper selection and use of the latest and most efficient equipment and supplies for speeding up your cleaning, maintenance and sanitation program. Proper supplies, equipment and methods definitely reduce cleaning costs!

**BUY WITH CONFIDENCE**

from the Janitor Supply House  
Displaying the N.S.S.A. Emblem

**NATIONAL SANITARY SUPPLY ASSOCIATION**  
(INCORPORATED NOT-FOR-PROFIT)

National Headquarters: 139 North Clark Street, Chicago 2, Ill.  
Leo J. Kelly, Executive Vice President

# Brighter Floors with

## DOLCOWAX

First in importance in a floor wax is durability. Actual comparative traffic tests show that DOLCOWAX is out front in scuff resistance and long-wearing service—the result of precise blending of fine ingredients including selected grades of carnauba wax. ONLY carnauba wax is used.

DOLCOWAX spreads and levels well . . . forms a hard, durable coating, highly water-resistant. It preserves flooring and helps to lengthen the life of expensive linoleum, cork, rubber and mastic.

Write for complete illustrated booklet "Floor Maintenance" and folder "How Do You Judge a Wax?"

## The C. B. DOLGE CO.

WESTPORT, CONNECTICUT

## SPECIAL STANSTEEL CABINET

DESIGNED FOR USE IN EVERY  
HOSPITAL DEPARTMENT

### ALL WELDED STEEL CONSTRUCTION

68" H., 36" W., 22" D. (Shipped completely erected) Ready for Immediate use. Divided into two convenient sections. Upper part has two recessed adjustable shelves enclosed by two sliding glass doors. Lower section has one adjustable shelf and two reinforced doors equipped with yale lock and keys and three point locking device.

### IDEAL FOR

Use in wards, dispensary, pharmacy, kitchens, dressing rooms, office, utility rooms, operating rooms, instrument rooms, and storage and linen rooms. Finished in baked-on enamel white, ivory, olive green, gray or brown.

Write for Catalogue and Price List of our complete line of cabinets, Lockers and Shelving or use convenient coupon below.



**STANDARD STEEL EQUIP'T CO., INC.**, Dept. MH-2, College Point, N. Y.

Send more information on above Cabinet

Send Catalogue and Price List on Lockers, Cabinets, and Shelving.

FIRM NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZONE: \_\_\_\_\_ STATE: \_\_\_\_\_

# READY NOW!



★  
... a Large  
New Catalog  
Just off the  
Press

★  
"EVERYTHING  
FOR THE  
HOSPITAL"

It contains a complete listing of the most modern up-to-date hospital equipment and supplies at money-saving prices.

There are sections devoted to Instruments, Surgical Supplies, Furniture, Gowns, Linens, etc.

If you have not received your copy write for the big new CLARK CATALOG.

Established 1898

ME10-49



303 W. Monroe St.

Chicago 6, Ill.



## FOR ALL FLOORS...

Whether wood, marble, terrazzo, linoleum, rubber tile, asphalt, concrete or composition floors—you can keep floors looking right ... with less labor and lower cost ... using an American DeLuxe Machine! Use it to scrub, scour, steel wool, polish, buff or disc sand. Maintains full power and brush speed on any floor. Safety-Grip Switch on handle ... plus more new features. Three sizes—13, 15 and 17 inch. Send for catalog and prices. The American Floor Surtacing Machine Co., 546 So. St. Clair St., Toledo 3, Ohio.



# AMERICAN

FLOOR MAINTENANCE MACHINES

# 27

The twenty-seventh edition of Hospital Purchasing File is now in preparation and will be distributed in November to

serve you through 1950. A completely revised classified list of hospital products and services ... more useful catalog information ... a completely new section of reference data. Watch for your copy of ...



## THE NEW Hospital Purchasing File

Be sure to attend...

# 34th NATIONAL HOTEL EXPOSITION

what's new?

Join the crowd—see what's new in services, goods and equipment for hotels, hospitals, restaurants, clubs, transportation lines and allied fields. Four floors of interesting exhibits—the world's largest showing of its kind!

**Grand Central Palace - New York**  
**Nov. 7-11, 1949**

**REGISTER NOW!** Send the names and titles of those in your firm who wish to receive invitations. No registration fee. Address: Arthur L. Lee, General Manager, 221 West 57th Street, New York 19, N. Y.




**Cheraton**  
HOSPITAL GROUP

**Made of solid, hard cherry... the traditional wood used in America's most famous furniture.**

The finest "heart-of-the-wood" cherry is used for Cheraton Furniture. Its thorough seasoning and protective finish make it highly resistant to atmospheric changes, handling, and wear.

All Cheraton pieces have smooth surfaces without dust-catching corners, and ample floor clearance to permit easy floor cleaning. The cabinet items are dust-proof.


Cheraton Furniture is made to highest quality standards... we fully guarantee every item against defects in workmanship. It can be shipped immediately.

**EICHENLAUBS**  
For Better Furniture  
3501 BUTLER STREET... PITTSBURGH 3, PA.  
ESTABLISHED 1870

Complete groups available for Hospital Rooms and Dormitories

Write for Catalog 491

## HOSPITAL TESTED GLASSWARE




Sold through ethical supply houses only

A catalog of MERTEX glassware will be sent to you upon request. Kindly state your supply house name.

**MERCER GLASS WORKS, INC.**  
 725 Broadway, New York 3, N. Y.  
 Surgical • Laboratory • Scientific Apparatus  
 General Supplies

## Where Does It Go?



Solve the problem of allocation and identification of linens, equipment and wearables—mark them with Cash's Woven Names. With an eye on lower replacement costs and efficient management, hospitals use Cash's Names to identify sheets, towels, blankets, etc., by ward and department—eliminate unnecessary loss and misuse of uniforms and other wearables.

Cash's Names are economical, permanent—the name is WOVEN into the tape; won't run or fade; last as long as the articles they mark; sanitary because they stand boiling.

And they're easy to attach with thread or Cash's NO-SO Boilproof Cement (25¢ a tube).

Ask your Dept. Store or write us your requirements

Personal Name Prices	
12 doz. \$2.50	9 doz. \$3.00
6 doz. 2.40	3 doz. 1.80

**Cash's**  
WOVEN NAMES

So. Norwalk 12, Conn.  
 or  
 6208 So. Gramercy Pl.,  
 Los Angeles 44, Calif.

NOW...

*seal-  
protected*

  
**RED CROSS  
ADHESIVE  
TAPE**

12 INCHES - 10 YARDS

**ZO**

CUT IN  
**2**  
INCH WIDTHS

*Johnson & Johnson*  
NEW BRUNSWICK, N. J.  
CHICAGO, ILL.

THIS PRODUCT HAS NO CONNECTION WHAT-  
EVER WITH AMERICAN NATIONAL RED CROSS

to prevent:

- accidental spilling
- lost lids
- soiled or dented rolls
- tampering

*Johnson & Johnson*

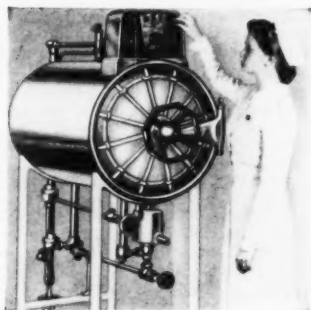


# What's New for Hospitals

OCTOBER 1949

Edited by BESSIE COVERT

## "Push-Button" Sterilizer Control



The sterilizing cycle can now be automatically controlled for all types of loads with the new Cyclomatic Control developed by the American Sterilizer Company and introduced to the field at the recent meeting of the American Hospital Association.

This electromatic control gives accurate, precision sterilizing technic with a minimum of effort. The operator simply sets the "Selector," the "Timer" and the "Central Control" and the Cyclomatic Control, without further attention, carries the material through sterilizing, exhausting and, when required, drying. Three lights—red, amber and green—on the control panel provide visual indication of progress during all phases of the sterilizing cycle. A flashing light and a buzzer indicate that sterilization is completed.

The "Selector" is set for wrapped packs, instruments or fluids. The "Timer" governs the period of exposure, starting only after sterilizing temperature is reached in the chamber.

The sterilizer may be operated manually in case of failure of the electric power serving the Cyclomatic Control, in which case the "Selector" is switched to "Manual."

The new automatic "push-button" control is available on all new American Sterilizers, either rectangular or cylindrical models—electric, steam or gas heated—built-in or open mounted, with the exception of single wall laboratory sterilizers and mattress disinfectors. Also, the company states that all American Sterilizers built since January 1930, with the above exceptions, can be "Cyclomodernized" with the Cyclomatic Control. American Sterilizer Co., Dept. MH, Erie, Pa. (Key No. 914)

## Water Softener

The Crane Company has announced the Softenall, a new two-tank water softener and conditioner designed to soften the hardest water and at the same time remove iron, manganese, light sediment and other impurities. High capacity zeolite softening material is furnished with the softener. This zeolite is permanent, can be regenerated indefinitely, and is designed to last for the life of the installation. The Softenall is made in 4 sizes with softening capacities varying from 30,000 to 90,000 grains. The units are compact, varying in size of occupied floor space from 16 by 26 inches to 22 by 38 inches. Crane Co., Dept. MH, 836 S. Michigan Ave., Chicago 5. (Key No. 915)

## Instrument Washer-Sterilizer



Improvements in both design and performance have been incorporated in the new Castle "150" Instrument Washer-Sterilizer. The new features have been added to provide greater economy, greater convenience, a saving in personnel time and completely trouble-free operation.

All mechanism and indicators in the new model are enclosed and the entire unit is housed in streamlined stainless steel which not only is attractive but is easily kept clean. The control valves have been reduced to one single lever, resulting in an efficient washer-sterilizer unit. The complete washing, sterilizing and drying cycle is completed in 10 to 12 minutes. Wilmot Castle Co., Dept. MH, 1175 University Ave., Rochester 7, N. Y. (Key No. 916)

## Cancer-Finding Curette

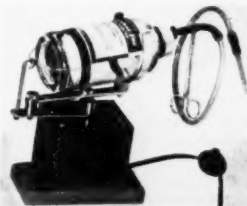
An endocervical coning biopsy curette has been designed by Dr. Saul B. Gunberg, College of Physicians and Surgeons, Columbia University, for use as a new, simple method for early detection of cancer of the cervix. Clinically tested and approved by the Columbia-Presbyterian Medical Center, the curette is used for taking a sample of tissue from the uterine cervix by a painless, quick and simple method. The new instrument is being manufactured by J. Sklar Mfg. Co., Dept. MH, 38-04 Woodside Ave., Long Island City 4, N. Y. (Key No. 917)

## Evenflo Deluxe Nurses

The new line of Evenflo Deluxe Nursing Units, in both 4 and 8 ounce sizes, is made of heat-resistant Pyrex brand glass. The bottles have high resistance to thermal shock, thus reducing the danger of thermal breakage when bottles are sterilized and also saving time for nurses who can place chilled bottles directly into hot water for heating and can cool overheated bottles quickly under the faucet. The new Deluxe units have all the functional advantages of the standard nurses. Pyramid Rubber Co., Dept. MH, Ravenna, Ohio. (Key No. 918)

## Blood Bottle Shaker

Proper agitation of the blood during blood collections and re-suspension of the cells in refrigerated plasma are performed automatically with the Tomac Blood Bottle Shaker. The bottle is shaken 120 times per minute with the shaker which is adjustable to other speeds if desired. The shaker can be installed wherever



there is a 110 volt AC outlet. American Hospital Supply Corp., Dept. MH, Evanston, Ill. (Key No. 919)

### Mengel Adjustabed



Hospital administrators, nurse supervisors, doctors and others in the hospital will be interested in the new Mengel Adjustabed for convalescent or chronic disease patients requiring bed rest upon leaving the hospital. A modified hospital bed designed for home use, the Adjustabed is placed under the mattress of a regular single or double bed. It is made of  $\frac{3}{8}$  inch plywood, notched and hinged for quick alterations of position by lifting the hinged parts of the upper section into notched steel brackets. Many positions are possible with the Adjustabed which becomes a bed board in the flat position and which can be folded easily for storage. The Mengel Company, Dept. MH, Louisville 1, Ky. (Key No. 920)

### Air Freshener

Fortified with a high content of propylene glycol and triethylene glycol, Ozium is described as a fast-acting air freshener which is extremely effective and eliminates objectionable odors almost instantly by neutralizing them. Tests have indicated that these glycols also have bactericidal qualities.

Ozium provides economical air freshening. It is highly concentrated and packed under pressure in small metal cylinders, each containing enough to treat the air in approximately 50 average sized rooms, which slip easily into the dispenser. Designed to fit into the hand, the dispenser is only  $4\frac{1}{4}$  inches long and  $1\frac{1}{4}$  inches in diameter. It operates by a light touch of a lever which releases a fine mist-like spray that quickly diffuses into the air, destroying unpleasant odors. Woodlets Inc., Dept. MH, Portland, Pa. (Key No. 921)

### X-Ray Screens

A new line of x-ray screens, known as Radelin, is being manufactured in 3 types, fluoroscopic, intensifying and photofluorographic. The development of phosphors of standardized spectral emission characteristics was an important step in the research leading to the improved radiographic and fluoroscopic screens. Investigation has indicated the importance of color as a factor in the

perception of detail in fluoroscopic examinations and the results have been incorporated in the new line, Radelin Div., United States Radium Corp., Dept. MH, 535 Pearl St., New York 7. (Key No. 922)

### Springless Wheel Chair

Shock absorption and smooth riding qualities are provided in the new Gendron wheel chair through a tubular steel frame formed in an ellipsoid from which the seat is suspended, thus obviating the necessity for springs. Arm rests are mounted on the top section of the frame and the bottom section is attached to the wheel chair chassis. The construction is designed to prevent the chair becoming out of line and to provide a "floating ride" without shocks or bumps.

The back of the chair, constructed of open woven cane, adjusts automatically to any desired position from straight to



completely prone and may be securely locked at any point. The chair is in modern light satin finish, all metal parts are cadmium plated and finished in tan enamel, and it is equipped with rubber grip handbrake. Standard equipment includes individually adjustable leg rests which may be telescoped under the seat and footboards which fold and adjust to three lengths. Gendron Wheel Co., Dept. MH, Perrysburg, Ohio. (Key No. 923)

### Electric Meat Chopper

The new Model "D" Meat Chopper is a quality machine at an economical price. Incorporating durability, high quality performance and functional, easy-to-clean design, the new model has a capacity of 7 pounds per minute and is equipped with a feeding tray and hardwood meat feeder. It is powered by a  $\frac{1}{2}$  h.p. AC motor and is equipped with an overload switch to protect the motor, a built-in toggle switch and an 8 foot cord. General Slicing Machine Co., Inc., Dept. MH, Walden, N.Y. (Key No. 924)

### Fabrilite Sheeting

A new hospital sheeting without fabric insert, du Pont "Fabrilite" Quality 3510-U, is engineered for hard general wear in the hospital, including use in the mortuary and in ambulances.

"Fabrilite" has excellent tensile strength and abrasive resistance, is easily cleaned and sterilized, resists cracking, peeling and sticking and is stain resistant, according to the manufacturer. The thin, soft, pliable sheeting conforms to body positions, thus adding to patient comfort. It is available in rolls of 50 yards or half rolls of 25 yards, 36 inches wide. E. I. du Pont de Nemours & Co., Inc., Dept. MH, 350 Fifth, New York 1. (Key No. 925)

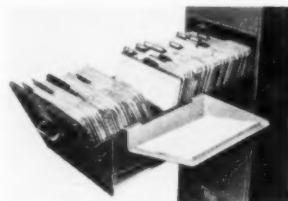
### Mimeograph Drawing Boards

Two new illuminated drawing boards designed to simplify tracing of illustrations and lettering and designing of ruled forms on stencil sheets have been announced. Model 4 is an inexpensive, light weight, portable model designed for small institutions using illustrated mimeographed copies and ruled forms. Model 5 is designed for precision drawing, lettering and forms. New, movable, calibrated vertical and horizontal ruling edges give drafting table precision and facilitate simultaneous design and stencilization of forms, graphs and charts. The board features fluorescent lighting, new type stencil clamps and new slot type positioning for the stencil.

The Tiltoscope base is available for use with Model 5 for sit-down operation. This metal, pedestal-type base with swivel top action permits tilting of the board to any convenient working position. A. B. Dick Co., Dept. MH, 720 W. Jackson, Chicago 6. (Key No. 926)

### Aluminum Filing Shelf

A filing department accessory designed to speed up filing is an aluminum shelf to be hung on the side or front of the file drawer to hold the material to be filed. Made of light, durable, anodized aluminum, the shelf provides a handy place



for records being filed and can be placed in position or removed instantly. The General Fireproofing Co., Dept. MH, Youngstown 1, Ohio. (Key No. 927)

### Wood Floor Finish

A solvent-type non slip floor polish especially formulated for wood floors has been developed to permit hardwood floors to be polished without being slippery and with high resistance to scuffing and traffic wear. Known as Trafco, the polish has special ingredients in the formula which loosen dirt so floors can be cleaned and repolished in one operation.

Buffing gives the finish an attractive sheen which is more non-slip than before buffing and Trafco is designed to resist the tracking effect of heavy traffic. **Walter G. Legge Company, Inc., Dept. MH, 101 Park Ave., New York 17. (Key No. 928)**

### Convertible Nurse's Room

Furniture specifically designed for use in rooms which must serve as living room, bedroom and study has recently been introduced by Knoll Associates. Known as the Knoll Convertible Room, the new furniture, of particular value in nurses' homes or staff quarters, is modern and simple in line, made of handsome woods and covered with fabrics of beautiful texture and color. It is durably constructed of fire-resistant materials and table and chest tops are finished with Parkwood, a plasticized plywood resistant to hard usage.

The attractive sofa, when the room is used as living room, is readily convertible into a single bed, by the adjustment of a simple swing back. The foam rubber mattress rests on box springs which stand on 6 inch legs. The ingeniously designed chest in this unit serves a threefold purpose. It provides chest space for storing clothing and other necessities and serves as a desk or dressing table, depending upon the use desired. Louvered drawer fronts eliminate the need for hardware. The top drawer is lined with Formica and the front of the top drawer in one section is hinged, opening up to form a desk. On lifting the lid of the drawer in the other section,



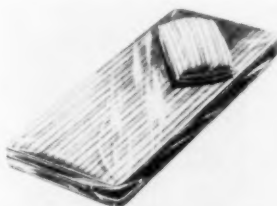
a mirror converts the chest into a dressing table. An attractively designed arm chair with upholstered seat and back,

straight, small arm chair with molded plywood seat and back and attractive tables with modern, simple lines are also designed for use in this room. **Knoll Associates, Inc., Dept. MH, 601 Madison Ave., New York 22. (Key No. 929)**

### SaniPhilm Covers

A new, improved type of vinylite plastic, known as SaniPhilm, with the waterproof qualities of rubber and the texture of fine sheeting, is being used for a line of mattress covers, pillow cases and aprons. It does not crack, peel, stiffen or tear easily and when used on hospital beds eliminates the need for rubber sheeting and bed pads.

All seams in the finished products, even slide fasteners, are electronically welded, thus making them durable and waterproof. Tests conducted by the U.S. Testing Co. showed SaniPhilm products to be resistant to steam sterilization, pathogenic bacteria, pathogenic fungi, stains and odors. It was also shown to be re-



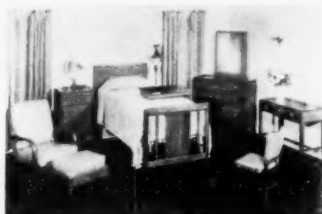
sistant to burning, cracking and skin irritation. Use of the covers simplifies bed making and lengthens the life of mattresses and pillows. The covers can be cleaned and stored like ordinary bed linens. **Philmont Mfg. Co., Dept. MH, 60 Honeck St., Englewood, N.J. (Key No. 930)**

### Glyco-Mist Air Sanitizer

A combination of triethylene glycol, propylene glycol and quaternary ammonium compound in a volatile type base suitable for aerosol spraying, Glyco-Mist is designed for the disinfection of inanimate objects, the sanitizing of air when sprayed in a fine mist and the neutralization of disagreeable organic odors.

Glyco-Mist has bactericidal action when mopped or sponged over surfaces and leaves a residue which inhibits the growth of germ life and protects the surface from algae or fungus growth for a reasonable period of time. Glyco-Mist is available in containers ranging from ½ pint bottles to 55 gallon drums. **James Varley & Sons, Dept. MH, 1200 Switzer Ave., St. Louis 15, Mo. (Key No. 931)**

### Cheraton Furniture



A complete line of Cheraton hospital room and dormitory furniture, made of solid cherry in modern styling, has been introduced by Eichenlaubs. Designed with smooth surfaces to simplify maintenance, all pieces in the line have ample floor clearance to facilitate floor cleaning. The cabinets are dustproof and all joints are securely anchored and reinforced.

The simple lines make it possible to fit the furniture into any decorative plan for patients' rooms or nurses' dormitories. Included in the Cheraton line are hospital and dormitory beds, footstools, chests, dressers, bedside cabinets, overbed tables, desks, dressing tables, screens, night tables, easy and straight chairs and room accessories. **Eichenlaubs, Dept. MH, 3501 Butler St., Pittsburgh 1, Pa. (Key No. 932)**

### Contrast Medium

A new contrast medium, Veri-O-Pake, has been announced by General Electric X-Ray. The result of several years of research and clinical experiment, Veri-O-Pake is said to stay opaque longer than any known barium product, to give more opacity with less material, to increase normal motility without altering the mucosal pattern, to ensure normal elimination, to provide better and more uniform adherence and to cause no nausea, vomiting or constipation. The product reduces patient waiting time while allowing sufficient time for examination. **General Electric X-Ray Corp., Dept. MH, 4855 W. McGee Ave., Milwaukee 14, Wis. (Key No. 933)**

### Body Elevator

The Ohio-Scanlan body elevator is an adjustable accessory recently developed for use on operating tables. It fastens to the accessory rails of the operating table, is made of brass, nickel plated, and has a saddle that is raised by worm gear and can be locked at any point. Large and small saddle horns are adjustable along the saddle and held in place with a simple locking device. **The Ohio Chemical & Mfg. Co., Dept. MH, 1400 E. Washington St., Madison 10, Wis. (Key No. 934)**

### Troy Rocket Press



The new Troy Rocket press, available in 16 models, most of which have stainless steel "floating" heads as standard equipment, is an air-operated laundry press designed for fast, simple operation. One advantage of the hard stainless steel heads, it is said, is that they cannot be pitted by buttons or buckles. Other features of the new presses include simplified air control mechanism, a single air cylinder, feather-light control buttons and new streamlined design. **Troy Laundry Machinery Div., American Machine and Metals, Inc., Dept. MH, East Moline, Ill. (Key No. 935)**

### Small Dishwasher

The Niagara Jr. is a new dishwasher designed for small institutions or feeding units serving 150 persons or less per meal. It is a sink-high machine with a wash tank and a rinse tank, each heated to the proper temperature by individual gas burners or steam injectors. The "Niagara Power Paddle," which is a paddle wheel for throwing a large volume of water and washing solution over the dishes with great force, is used in the new small unit to ensure thorough washing. A swivel faucet with hot and cold taps permits the unit to be used as a regular sink when not being operated as a dishwasher. The new Niagara Jr. is available in either duco finish or stainless steel. **G. S. Blakeslee & Co., Dept. MH, 1844 S. 52nd Ave., Chicago 50. (Key No. 936)**

### Artificial Hands

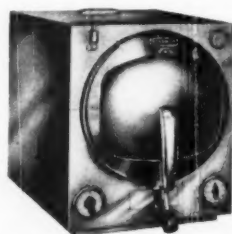
A new all-purpose "Grip-Finger Hand" has recently been announced for amputees. Combining the facilities of the utility hook with the appearance of the dress hand, the new prosthetic has the sliding lock thumb. Small articles can be easily picked up or held between the two fingers and when the thumb opens, there is a large tripod opening for holding articles of almost any shape with a 3 point contact. The hand is made of

laminated wood, is light in weight but strong, and can be worn with or without a glove.

Another new item developed by the same company is the self-locking plier, a hand tool for use with artificial arms which locks automatically and stays locked on any article until it is opened by pulling the lever on which the cord is attached. It is designed especially for the use of those handling tools of any kind. **Ray Trautman & Son, Dept. MH, 410 Portland Ave., Minneapolis 15, Minn. (Key No. 937)**

### Counter Model Steam-It

The new Steam-It is an insulated counter model pressure cooker designed for frequent food preparation and providing steam pressure cooking for smaller institutions, diet kitchens or as a supplement to the regular cookers in larger institutions. Combining maximum cooking speed with minimum fuel consumption, the cooker operates under pressure from 5 to 15 pounds. It is equipped with



all standard safety devices plus an inside self-sealing door.

The Steam-It generates its own steam and is gas-fired. It is sanitary and easy to clean, equipped with a shelf and pan supports which can be taken out for cleaning, and cooking is done in standard cafeteria pans, deep, perforated or solid. The Steam-It is finished in polished stainless steel with interior finish of anodized aluminum. A stand is available if counter installation is not desired. **The Market Forge Co., Dept. MH, Everett 49, Mass. (Key No. 938)**

### Sterling Chinaware

A new line of functional, streamlined vitrified chinaware, designed by Russel Wright, is being introduced by Sterling China Company for institutional use. The new line offers 27 different pieces to take care of every institutional need. It will be available in a choice of 4 colors: Ivy Green, Straw Yellow, Suede Gray and Cedar Brown. **Sterling China Co., Dept. MH, Wellesville, Ohio. (Key No. 939)**

### Shaking Bath

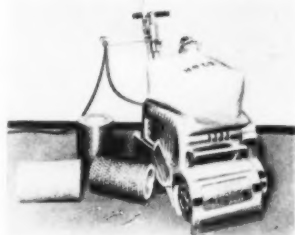
Two new constant temperature shaking baths have been announced recently by Precision Scientific Company. One has special application in biological laboratories for the shaking incubation of tissue, foods and other cultures in test tubes. A choice of three lengths of shaking stroke is possible and the rate of shaking with a full load can be varied from 0 to 192 strokes per minute. The shaking rack has a capacity of 116 test tubes.

The Precision-Dubnoff Metabolic Shaking Incubator is designed for use in biological laboratories for the incubation of tissue slices and homogenates, protein coagulations, and aerobic and anaerobic studies of tissue slices and homogenates. It also has general utility where constant temperature and shaking are needed. The incubator has a temperature range from room to 100 degrees C. and the speed of shaking can be adjusted from 50 to 150 oscillations per minute. Thirty reaction vessels can be cooled, incubated, boiled and gas equilibrated simultaneously. **Precision Scientific Co., Dept. MH, 3737 W. Cortland St., Chicago 47. (Key No. 940)**

### Holt All-Purpose Machine

The Holt Tandem Motored All-Purpose 12 Steel Wooling Machine is a dual motored machine designed to work fast and to do a steel wooling, cleaning, sweeping, polishing, scrubbing, scaling or degreasing job on any type of floor. Attachments for these uses are quickly and easily interchangeable. The steel wooler is designed for use on wood floors and also to take stains off marble, terrazzo and other stone and mineral floors.

The new machine is modern in design and in operating procedure. The Holt Automatic Belt Tightener, High Suction Vacuum and other Holt design and construction features are incorporated in the new machine. It is built for long, de-



pendable, trouble-free operation under rugged operating conditions. **Holt Mfg. Co., Dept. MH, 651 20th St., Oakland 12, Calif. (Key No. 941)**



### Agglutination Viewer

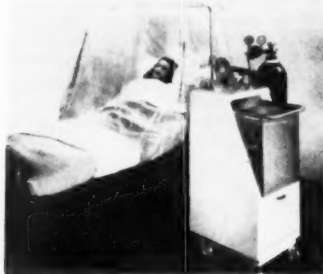
Easier and more accurate reading of test tube agglutination is claimed for the improved viewer recently announced. Suggested by Dr. Louis K. Diamond of Children's Hospital, Boston, the instrument is designed for viewing test tubes in the various blood typing and cross matching operations, for viewing Kahn tubes and for other sero-diagnostic, agglutination and flocculation procedures. The test tube and its contents are illuminated from above by a shielded bulb, a clear visualization of the under surface of the test tube contents being viewed in a magnifying mirror below. **Clay-Adams Co., Inc., Dept. MH, 141 E. 25th St., New York 10. (Key No. 942)**

### Air Purifier

The Naxon Germitron is an air purifier producing ultra-violet rays for bacteria control and ozone to eliminate odors. The unit is enclosed in a small attractive case resembling a thermostat, which is attached to the wall and the cord plugged into any AC outlet. The Germitron is designed for use in kitchens, bathrooms, nurseries, patients' rooms, waiting rooms and other locations for germ-killing and odor-removing. **Naxon Utilities Corp. Dept. MH, 3600 Touhy, Skokie, Ill. (Key No. 943)**

### Oxygen Tent

The new Series 3 General Automatic Electrically Cooled Oxygen Tent is an improved model with increased simplicity of operation. Equipped with a 1/4 h.p. sealed, self-lubricating compressor unit, the tent is designed to provide quiet, dependable performance under any weather conditions with practically no vibration. The unit can be preset to the desired temperature, humidity is controlled, the permanent-type fully transparent plastic canopy has four zipper openings and is extra long, and the unit



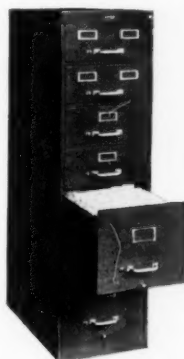
is sturdy, light weight steel construction with rustproof interior and equipped with heavy duty ball-bearing casters. The

General Automatic has been accepted by the Council on Physical Medicine of the American Medical Association and only Underwriters' Laboratories' approved motors and electrical equipment are used in the units, according to the manufacturer. **General Hospital Supply Service, Inc., Dept. MH, 256 W. 69th St., New York 23. (Key No. 944)**

### Bookkeeper's File

Specifically designed for hospitals to accommodate time cards, canceled payroll checks, copies of vouchers and financial correspondence compactly in one unit, the new Bookkeeper's File has specially developed celluloid guide cards including monthly, semi-monthly and weekly guides for time cards and duplicate payroll checks as well as monthly guides for canceled checks.

The file has 2 double-compartment drawers for 4 by 6 inch cards, 2 drawers

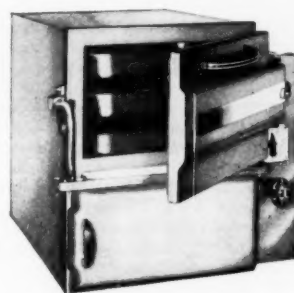


for checks and 2 letter sized drawers for correspondence. It is constructed of furniture steel with welded reinforcements at all points of strenuous wear. It is available with lock if desired, finished in gray or olive green. **Physicians' Record Co., Dept. MH, 161 W. Harrison St., Chicago 5. (Key No. 945)**

### Reynolds Restaurant Wrap

Lightweight pure aluminum foil in rolls in a size to fit wall or table dispensers is now available. It is also used for covering trays of food to be stored, including cold meats, salad greens and sandwiches, since it can be sealed to edges of plates and trays to provide an air-tight covering, thus keeping food from drying out. Poultry and meat roasts completely wrapped in the foil and then cooked require no basting and show considerably reduced shrinkage. The material is durable and the same piece can be used many times. **Reynolds Metal Co., Dept. MH, 19 E. 47th St., New York 17. (Key No. 946)**

### One-Compartment Steamer



The Steamcraft "Cub" is a new model steamer for small hospitals, for use in diet kitchens or as an auxiliary cooker for larger kitchens. It has a single compartment designed to hold 3 standard cafeteria pans and takes up a minimum of space. It is available with its own steel base but can also be used for counter or table installation. It can be operated by piped or tank gas or electricity and makes its own steam. The unit is made of stainless metal with fiberglass insulation. **The Cleveland Range Co., Dept. MH, 3333 Lakeside Ave., Cleveland 14, Ohio. (Key No. 947)**

### Soluble Tea

A new soluble tea product known as Nestea, similar to the soluble coffee product, Nescafe, is now on the market. A blend of orange pekoe and pekoe teas, with equal parts of carbohydrates added to protect the flavor, Nestea is an economical and quickly prepared product for hot or iced tea.

With Nestea there is no waste as the exact amount of tea needed is measured into the cup for hot tea and boiling water poured over it which completely dissolves the Nestea. For iced tea, the needed amount of Nestea is placed in a glass, a small amount of boiling water poured over to dissolve it, and cold water added, thus effecting a saving in ice as well as in tea. **The Nestle Company, Inc., Dept. MH, 155 E. 44th St., New York 17. (Key No. 948)**

### 4-Lite Guthlite

The Guthlite, Jr. is now available in a 4-40W size featuring high lighting efficiency with low surface brightness. The fixture is of all metal construction with louvers hinged for easy relamping. The sides of the luminaire are illuminated by a spill light to produce a radiant glowing effect. **The Edwin F. Guth Co., Dept. MH, 2615 Washington Ave., St. Louis 3, Mo. (Key No. 949)**



### Central Oxygen Supply

New Puritan equipment has been designed for central oxygen supply systems for installation in new or present buildings which can be used for either concealed or exposed pipe systems.

Among the new items recently announced are the single and duplex-outlet wall plates of heavy metal, fitted with convenient and tamperproof quick-connector valves; the Puritan Oxifier and Flowmeter which have been adapted for use with reduced-pressure systems; separate valves for direct-pipe connections, including the quick-connector type and an extra-heavy new diaphragm valve, and manifolds to accommodate cylinder banks of any required capacity. The new products are sturdily built with special safety features to ensure economical, trouble-free operation. **The Puritan Compressed Gas Corp., Dept. MH, 2012 Grand Ave., Kansas City 8, Mo. (Key No. 950)**

### Bulk Ice Makers

A new line of bulk ice makers has been developed by Frigidaire in models freezing 150, 300, 500, 1000 and 2000 pounds of ice from ordinary drinking water. The units freeze water into ice cakes of 25, 50 and 100 pounds, the time for freezing varying with the thickness of the ice cake, temperature of water and refrigerating compressor capacity. Grids, separated by dividers, are used in the four smallest models when ice cubes are desired.

Four inch cork insulation and heavy lids hold refrigeration loss to a minimum. Hinged lids are held open with two strong supports and, when closed, are clamped with hand-sized fasteners. Cabinet exteriors are finished in bronze lacquer over a special acid and rust-resisting paint. Brine tanks are made of heavy galvanized copper-bearing steel reinforced with heavy iron channels around the openings. **Frigidaire Div., General Motors, Dept. MH, Dayton 1, Ohio. (Key No. 951)**

### Fanfold Writing Machine

The new electric keyboard fanfold writing machine has been designed to produce more and better multi-copy work with less physical effort. It combines fully electric keyboard for speed and uniformity of type impressions with improved automatic features for simplified machine manifold operations.

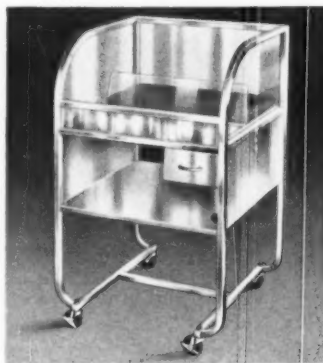
The new machine is equipped with an automatic electric carriage return and a 2 position intermediate carriage return feature. Designed for using continuous forms, there is also a transparent form cutting knife for unobstructed insertion

of loose forms and the form measuring guide has been redesigned to facilitate removal of forms. The typewriter keyboard is standard, thus being adaptable for use by all typists. **Underwood Corporation, Dept. MH, 1 Park Ave., New York 16. (Key No. 952)**

### Magee Bassinet

The Magee Combination Bassinet and Dressing Stand provides individual infant care without the necessity for cubicle construction in the nursery. Originally designed for the Elizabeth Steel Magee Hospital in Pittsburgh, the bassinet has a tilting arrangement for placing the infant in Trendelenburg position for mucus drainage.

The frame is made of aluminum, welded into one integral unit, with shelf, top and drawer front of stainless steel. The drawer is fitted to hold 3 ointment



type jars and six 2 ounce bottles. The bassinet provides full visibility of the infant from any angle and is mounted on 3 inch ball-bearing casters, two of which are equipped with brakes. **A. S. Aloe Co., Dept. MH, 1831 Olive St., St. Louis 3, Mo. (Key No. 953)**

### "Imperial" Signal Button

The new "Imperial" nurses' call button is streamlined in design to fit the hand and has finger tip control for operation and reset. It is ruggedly constructed for long life and has a chrome plated clip for attaching the button to bedding or garments.

A newly designed mechanism assures positive locking of the button when pressed. The shockproof bakelite case cannot be disassembled by the patient and is electrically insulated. Button circuiting is arranged for connecting to any 4 or 5 wire nurses' call system. **Signal Systems Co., Dept. MH, Needham 92, Mass. (Key No. 954)**

### Biological Refrigerator Insert

Insert units for storing biologicals and pharmaceuticals requiring refrigeration are now available for installation in Westinghouse refrigerators. The inserts are available for all Westinghouse model refrigerators and are constructed of chrome steel. Drawers have perforated cane sides and bottom with solid backs and stop catches prevent them from pulling out. The inserts have rubber bumper legs to prevent damage to the liner of the refrigerator and there is a name panel on each drawer. **Westinghouse Electric Appliance Div., Dept. MH, Mansfield, Ohio. (Key No. 955)**

### Versa-Tile Flooring

A new all-purpose floor tile has been developed which is designed for use below grade, on grade and above grade. It can be applied over concrete or wood floors and on top of old or new flooring. Known as Bonny Maid Versa-Tile, tests of the new product have shown it to be unaffected by fats, grease, gasoline, abrasives, alkaline moisture, milk, harsh soaps, cigarette burns and other materials and to be shatter-proof, resistant to indentation and not to become brittle with age.

Available in 24 patterns, Bonny Maid Versa-Tile is made in  $\frac{1}{4}$  inch and  $\frac{3}{8}$  inch gauge, die-cut tile sizes, feature strips and a complete range of border sizes. The binder used in Versa-Tile is mixed with other materials and pigments so that the color and design are the same throughout the depth of the tile. The tile is sanitary, resilient, vermin-proof, non-skid, and has attractive marbled designs. **Bonafide Mills Inc., Dept. MH, 295 Fifth Ave., New York 16. (Key No. 956)**

### Plastic Door Plates

Kickplates and push plates are now being fabricated from a newly developed grade of laminated plastics known as "Textolite." The material has excellent mechanical strength and resistance to abrasion and tests have proved that it does not tarnish, can be wiped clean without polishing, is resistant to most cleaning agents, degreasing solvents, disinfectants, floor wax emulsions, insect sprays and kitchen greases and is unaffected by boiling water. Tests of exposure to extreme humidity conditions resulted in dimensional changes of no more than 1 per cent. The new G-E Textolite door plates are furnished in any thickness and lateral dimension specified, with edges beveled and screw holes drilled, and are available in black and brown. **General Electric Co., Dept. MH, Pittsfield, Mass. (Key No. 957)**

## Hemo-Pak Gauze

Hemo-Pak Oxidized Gauze is now available in a 3 by 3 inch, 8 ply sponge, sealed sterile in standard tubes which may be immersed in a suture storage solution for sterilizing the exterior of the tube before unsealing.

Also added to the Hemo-Pak line are uterine gauze packing strips 2 inches by 3 yards, 4 ply. Because of the hemostatic effectiveness of oxidized cellulose gauze, this new item produces almost immediate stoppage of hemorrhage, according to the manufacturer, when gently packed into the parturient uterine cavity. **Johnson & Johnson, Dept. MH, New Brunswick, N. J. (Key No. 958)**

## Anatomy Charts

The heart, the lymphatic, nervous, digestive and urogenital systems and the topography of organs are subjects covered in additional charts in the interesting new series developed by Denoyer-Geppert. Unusual in that the originals were done in oils, in full color, the series consists of 10 charts, each 42 by 62 inches in size, the figures drawn against a light blue background for accentuation of anatomical detail. As with the charts in this series described earlier, these were painted by P. M. Lariviere and are available with plain rollers top and bottom or with spring roller mounting.

On the chart of the heart, four separate figures show the heart very much enlarged to present it in full detail. The topography of organs chart shows both male and female. In that of the lymphatic system, an almost life-size central figure is used to show the most important lymph vessels and lymph glands while details of a lymph gland are shown greatly enlarged. Similar treatment is given the nervous system, the digestive system and the urogenital system and the careful use of color has added to the value of these charts for teaching and study. **Denoyer-Geppert Co., Dept. MH, 5235 Ravenswood Ave., Chicago 40. (Key No. 959)**

## Bloodpressure Cuff

The Air-Lok Cuff is a new blood pressure cuff which is said to operate on a completely new principle. Three segments of the Air-Lok Cuff are wrapped in alternate directions on the arm. A tucked leather tab permits the specially treated surface to engage and as the air pressure is increased, it "locks" the cuff in place.

Made entirely of specially woven and processed fabrics, the new cuff contains no metal parts. It is designed for accurate results in a minimum of time. **W. A. Baum Co., Inc., Dept. MH, 460 W. 34th St., New York 1. (Key No. 960)**

## Pharmaceuticals

### Solvets Penicillin

Solvets Penicillin G, Crystalline-Potassium is the name given to a new penicillin tablet, Solvets No. 200 containing 50,000 units and Solvets No. 201, 100,000 units. Solvets are designed for use in pediatrics since they are immediately soluble in feeding formulas, milk or water; to make solutions for local use, and for sublingual use in direct oral administration. They are supplied in bottles of 24 and 100. **Eli Lilly & Co., Dept. MH, Indianapolis 6, Ind. (Key No. 961)**

### Floropryl

Floropryl is a brand of isofluorophate for the reduction of intraocular tension in glaucoma. It is a colorless liquid which hydrolyzes in the presence of water to form hydrofluoric acid but is soluble in vegetable oil without deterioration and is therefore supplied in solution in peanut oil. It is designed for local use by corneal instillation and is available in 5 cc. vials of a 0.1 per cent solution in peanut oil for ophthalmic use only. **Merck & Co., Inc., Dept. MH, Rahway, N. J. (Key No. 962)**

### Potassium Theocyanate Enterab Tablets

Potassium Theocyanate Enterab Tablets, Abbott, 1 gr. and 3 gr. are designed for the symptomatic treatment of arterial hypertension. Enterab is the trade mark for an improved type of enteric coating that is highly resistant to the solvent action of the stomach acids but disintegrates promptly in the alkaline intestinal juice. The tablets are supplied in bottles of 100 and 1000. **Abbott Laboratories, Dept. MH, North Chicago, Ill. (Key No. 963)**

### Oranixon

A new muscle relaxant, Oranixon, has recently been announced. It is a spinal cord and brain stem depressant, selectively depressing hyperexcitability of spinal reflexes without influencing to any extent normal reflex action. It has proved effective in producing relief in many types of neuromuscular spasm and has been found to check epileptiform convulsions within 30 seconds. It is available in 2 dosage forms: compressed tablets supplied in bottles of 100, 500 and 1000, and elixir available in bottles of 8 ounces and 1 pint. **Organon Inc., Dept. MH, Orange, N. J. (Key No. 964)**

## Product Literature

- "Citrus Fruits in Health and Disease" is the title of a booklet published by Florida Citrus Commission, Lakeland, Fla., for the medical profession and hospitals. Subjects covered by text, charts and x-ray photographs include: value of citrus fruits, citrus fruits in normal nutrition, citrus fruits in disease, citrus fruits and dental health and hints for patients. **(Key No. 965)**

- Illustrated sheets of **typical floor plans and suggested equipment** for major operating rooms and obstetrical delivery suites, together with itemized equipment forms are the first of a series of hospital planning aids offered by the Shampaine Co., 1930 S. Jefferson Ave., St. Louis 4, Mo. Designed to assist hospital administrators, planning groups and others concerned with equipment, the lists of suggested and alternate equipment are keyed to illustrations of equipment briefly described as well as to location of the various items in the typical floor plan. The accompanying **Hospital Work Sheet, Form SH**, contains spaces for entering room name and number and for keying each piece of equipment to its location in the floor plans. **(Key No. 966)**

- A new 74 page catalog has been issued by Sylvania Electric Products Inc., 500 Fifth Ave., New York 18, covering its complete line of **fluorescent lighting fixtures**. In addition to full data on application, construction, mounting methods, reflectivity, maintenance and lamp spacing on fixture, a supplementary section provides a practical guide on How to Plan a Fluorescent Lighting Installation, including details on how much light is needed, which fixture will do the job, how many fixtures are required and the best fixture arrangement. **(Key No. 967)**

- **Appleton Hospital Bulletin No. 1051** catalogs the line of explosion-proof electrical equipment and fittings designed by The Appleton Electric Co., Dept. MH, 1701 Wellington Ave., Chicago 13, for use in hospital surgeries and anesthesia rooms. Detailed information and illustrations of this equipment, which is manufactured according to Underwriters' Laboratories' requirements, are included. **(Key No. 968)**

- **Catalog No. 205**, issued by the Crown Institutional Equipment Co., 218 S. Wabash Ave., Chicago 4, gives complete descriptive information on its full line of institutional furniture and equipment. Patient room and dormitory furniture, nursing school desks and seating, folding chairs, laboratory and cafeteria furniture, wardrobes and lockers are all included with illustrations and prices. The 48 page catalog is fully indexed. **Key No. 969)**

• Those planning new hospitals or additions, especially surgical or obstetrical wings, will find much helpful information in a new **hospital planning folder** prepared by Edward Weck & Company, Inc., 135 Johnson St., Brooklyn 1, N.Y. Suggested layouts for operating and delivery rooms, basic major and minor setups for various specific, commonly performed operations and lists of surgical supplies are included. The folder is designed so that other material may be added as required. The equipment and supply lists give quantities required, numbers and prices. (Key No. 970)

• **"The Mark of a Modern Building"** is the title of a 40 page booklet on PC glass blocks for industrial, commercial and public structures published by Pittsburgh Corning Corp., 307 Fourth Ave., Pittsburgh 22, Pa. General and technical data, illustrations, construction details, diagrammatic drawings and specifications are included in the booklet. Glass block patterns are divided into decorative and functional groups and specific advantages of each are discussed. Four pages are devoted to the use of glass blocks in hospitals and schools. (Key No. 971)

• A recently issued circular gives interesting information on the new synthetic laundry detergent, **Skortex**, developed by Wyandotte Chemicals Corp., Wyandotte, Mich. Included in the circular are graphs showing the soil removal and whiteness retention properties of Skortex and an illustrated discussion of the relative merit of suds in a detergent solution. (Key No. 972)

• A most attractive booklet entitled **"What Every Hospital Director Should Know About Latex Foam"** has been published by the Rubber Development Bureau, 1631 K St. N.W., Washington 6, D.C. Interestingly laid out and printed, subjects covered in the booklet include: the material; latex foam is comfortable; latex foam is durable; latex foam is clean; latex foam is cool, quiet and shock-absorbing; latex foam is practical, and the uses of latex foam. Each subject is illustrated with clever pen sketches. (Key No. 973)

• The new line of **"Velva-Glo"** all-nylon uniforms offered by Angelica Jacket Co., 1419 Olive St., St. Louis 3, Mo., is described and illustrated in color in a brochure recently released. "Velva-Glo" is described as a light weight fabric with a high sheen that requires no ironing and is resistant to wrinkles, abrasion, mildew, flame and moths. A swatch is included in the brochure together with order blank. (Key No. 974)

• The many features of **"The New Bradley Duo-Washfountain"** are illustrated and described in a 4 page folder, K711, issued by Bradley Washfountain Co., 2203 W. Michigan St., Milwaukee 1, Wis. Modern design, foot control, economy, mixing valve, easily-cleaned sprayhead and self-flushing bowl are features of the washfountain which are discussed, supplemented by dimensions and diagrams. (Key No. 975)

• A new folder has been issued on **Auto-bridge**, a recreational game with therapeutic value for chronic disease patients and a medium for relieving boredom among convalescents. The folder describes the uses for this game which is played by one person only and which is designed for beginners as a medium for learning bridge as well as for experienced players. It is issued by Nu-Ace Distributing Co., 231 Fifth Ave., New York 1. (Key No. 976)

TO HELP YOU get information quickly on new products we have provided this convenient Readers' Service Form. Check the numbers of interest to you and mail the coupon to the address given below. If you wish other product information just list the items and we shall make every effort to supply it. If you read the hospital copy or the administrator's copy of **THE MODERN HOSPITAL** or for any other reason do not wish to clip the magazine itself, upon request we shall be glad to send you regularly a reprint of this department containing the coupon.

Beaie Covert  
Editor, "What's New for Hospitals"

- |   |  |
|---|--|
| <input type="checkbox"/> 914 "Push-Button" Sterilizer Control | <input type="checkbox"/> 946 Reynolds Restaurant Wrap        |
| <input type="checkbox"/> 915 Water Softener                   | <input type="checkbox"/> 947 One-Compartment Steamer         |
| <input type="checkbox"/> 916 Instrument Washer-Sterilizer     | <input type="checkbox"/> 948 Soluble Tea                     |
| <input type="checkbox"/> 917 Cancer-Finding Curette           | <input type="checkbox"/> 949 4-Lite Guthlite                 |
| <input type="checkbox"/> 918 Evenflo Deluxe Nurses            | <input type="checkbox"/> 950 Central Oxygen Supply System    |
| <input type="checkbox"/> 919 Blood Bottle Shaker              | <input type="checkbox"/> 951 Bulk Ice Makers                 |
| <input type="checkbox"/> 920 Mengel Adjustabed                | <input type="checkbox"/> 952 Fanfold Writing Machine         |
| <input type="checkbox"/> 921 Air Freshener                    | <input type="checkbox"/> 953 Magee Bassinet                  |
| <input type="checkbox"/> 922 X-Ray Screens                    | <input type="checkbox"/> 954 "Imperial" Signal Button        |
| <input type="checkbox"/> 923 Springless Wheel Chair           | <input type="checkbox"/> 955 Biological Refrigerator Insert  |
| <input type="checkbox"/> 924 Electric Meat Chopper            | <input type="checkbox"/> 956 Verse-Tile Flooring             |
| <input type="checkbox"/> 925 Fabrilita Sheeting               | <input type="checkbox"/> 957 Plastic Door Plates             |
| <input type="checkbox"/> 926 Mimeograph Drawing Boards        | <input type="checkbox"/> 958 Hemo-Pak Gauze                  |
| <input type="checkbox"/> 927 Aluminum Filing Shelf            | <input type="checkbox"/> 959 Anatomy Charts                  |
| <input type="checkbox"/> 928 Wood Floor Finish                | <input type="checkbox"/> 960 Bloodpressure Cuff              |
| <input type="checkbox"/> 929 Convertible Nurse's Room         | <input type="checkbox"/> 961 Solvents Penicillin             |
| <input type="checkbox"/> 930 SaniPhilm Covers                 | <input type="checkbox"/> 962 Floropryl                       |
| <input type="checkbox"/> 931 Air Sanitizer                    | <input type="checkbox"/> 963 Potassium Theocyanate           |
| <input type="checkbox"/> 932 Cheraton Furniture               | <input type="checkbox"/> 964 Oranizon                        |
| <input type="checkbox"/> 933 Contrast Medium                  | <input type="checkbox"/> 965 "Citrus Fruits"                 |
| <input type="checkbox"/> 934 Body Elevator                    | <input type="checkbox"/> 966 "Hospital Work Sheet"           |
| <input type="checkbox"/> 935 Troy Rocket Press                | <input type="checkbox"/> 967 Catalog                         |
| <input type="checkbox"/> 936 Small Dishwasher                 | <input type="checkbox"/> 968 Bulletin No. 1051               |
| <input type="checkbox"/> 937 Artificial Hands                 | <input type="checkbox"/> 969 Catalog No. 205                 |
| <input type="checkbox"/> 938 Counter Model Steam-It           | <input type="checkbox"/> 970 Planning Folder                 |
| <input type="checkbox"/> 939 Sterling Chinaware               | <input type="checkbox"/> 971 "The Mark of a Modern Building" |
| <input type="checkbox"/> 940 Shaking Bath                     | <input type="checkbox"/> 972 "Skortex"                       |
| <input type="checkbox"/> 941 All-Purpose Floor Machine        | <input type="checkbox"/> 973 "Latex Foam"                    |
| <input type="checkbox"/> 942 Agglutination Viewer             | <input type="checkbox"/> 974 "Velva-Glo" Uniforms            |
| <input type="checkbox"/> 943 Air Purifier                     | <input type="checkbox"/> 975 Folder K711                     |
| <input type="checkbox"/> 944 Oxygen Tent                      | <input type="checkbox"/> 976 "Auto-bridge"                   |
| <input type="checkbox"/> 945 Bookkeeper's File                |  |

I should also like to have information on the following products

NAME	TITLE
HOSPITAL	
STREET	
CITY	STATE

MAIL TO Readers' Service Dept., The Modern Hospital Publishing Co., Inc.  
819 N. Michigan Ave., Chicago 11, Ill.

## Suppliers' News

Everest & Jennings, 761 N. Highland Ave., Los Angeles 38, Calif., manufacturer of folding wheel chairs and accessories, announces that it has taken over the manufacture and distribution of Wing Folding Aluminum Crutches, the strong, single shaft aluminum crutch which can be folded when not in use.



CALIFORNIA

WISCONSIN



# PREFERRED

## for COFFEE SERVICE



WASHINGTON



DENVER



CLUB



EASTERN



PORTLAND



SAN FRANCISCO



ST. LOUIS

Hall China has all the qualities essential to good coffee service—a heavy, fireproof body that cannot absorb flavor or aroma; glaze that is pure, leadless and tasteless; thick walls that hold the heat. All Hall coffee pots are made by an exclusive process that inseparably fuses body, glaze, and color. Reasonable first cost and exceptional durability keep replacement at the lowest possible level.

Write for Catalog 48 which lists almost 1,000 different Hall China items and contains a color chart of the 26 beautiful underglaze colors that are available.

**THE HALL CHINA COMPANY • EAST LIVERPOOL, OHIO**

*The World's Largest Manufacturers of Fireproof Cooking China*

Hall Coffee Pots are available in sizes ranging from individual to banquet service.

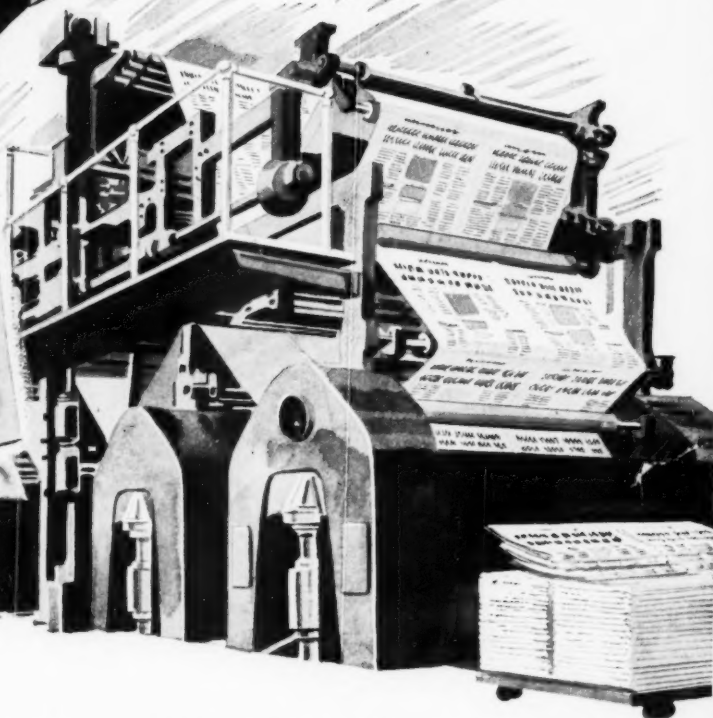


Hall coffee pots are carefully hand-finished by expert craftsmen.





Today...there's  
an Easier Way!



to Get More Value Out of Each Food Dollar

NEW DESSERT SENSATION  
**Gumpert's New  
Line of PUDDINGS**  
Just add fresh milk, then  
bail, cool and serve.  
Smoother and more ten-  
der texture with greatly  
improved flavors.  
Ask your representative  
for a demonstration.

It's a far cry from the newscasting of the old-time Town Crier to this morning's newspaper averaging 146,000 words! Even a fast-reading Crier would need over 20 hours to "cry" that much news.

Today there is also a better way to manage the hospital food budget—a way to squeeze more taste appeal and more economy out of every dollar. There are improved products for you to enjoy, because Gumpert research produced them.

Gumpert products for group feeding are superior in flavor, pure, wholesome and appetizing. Yet despite their goodness, they are standardized for complete uniformity in large quantities. Every serving is exactly the same. Each item is packaged for an exact number of portions. There is a big saving of preparation time and effort.

Stretch your budget. Get more value for your dollar. Use the Gumpert Line in '49.

**S. GUMPERT CO., INC. • OZONE PARK 16, N. Y.**

*300 Products to Aid Restaurants and Institutions*

Gelatine Desserts  
Cream Desserts  
Fruit Drinks—(Liquid and Dehydrated)  
Extracts and Colors  
Spaghetti Sauce

Soups—(Liquid and Dehydrated)  
Cake Mixes  
Numerous Other Cooking Aids  
Complete Line of Bakery and Ice Cream  
Specialties

**FOR THE FINEST IN FOODS**

**GUMPERT**

**has EVERYTHING**